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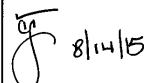
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COVER LETTER

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	Registration Section Division of Corporations			
SUBJEC"	Lenora's Pelican Beach House, L	LC		
SUBJEC	Name of	Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fee(s	s) are submitted	for filing.	
Please reti	urn all correspondence concerning thi	s matter to the f	following:	
	Dale Greene			
		Name of	Person	
		Firm/Co	mpany	
	2308 Lake Shore Dr		. ,	
		Addr	ess	<u></u>
	Riviera Beach, Fl 33404			
	dwgreene407@aol.com	City/State an	d Zip Code	
	E-mail address: (to be u	ised for future a	nnual report notification)	
For further	information concerning this matter, p	lease call:		
	Dale Greene at	561 : (346-8902 .)	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
√ \$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	∟ ∟ Certifi	ed Copy Certifical Copy is enclosed) Certifical Certifi	Diffing Fee, cate of Status & cd Copy al copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	NG 10 PM 4 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability (Company is:				FIL	ΕD	
				15	AUG 10	PM	4: 21
Lenora's Pelican Beach	House, LLC		•				
(Must end wit	th the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")		RETARY AHASSE	OF ST	ATE
ARTICLE II - Address: The mailing address and street address	ress of the principal o	office of the Limited L	iability Company is:				×1111277
<u>Principal</u>	Office Address:		Mailing Add	ress:			
2308 Lake Shore Dr							
Riviera Beach, Fl 3340	4		SAME				
another business entity with an acti	J	•					
		1 (6)110					
<u>.</u>	2308 Lake Shore Dr						
	Florida street addres	s (P.O. Box NOT acc	ceptable)				
_	Riviera Beach	Florida	33404				
	City	State	Zip				•
laving been named as registered uge place designated in this certificate, I h further agree to comply with the prov Im familiar with and accept the oblig	nereby accept the app isions of all statutes r ations of my position	ointment as registered elating to the proper a	l agent and agree to act and complete performan provided for in Chapte	in this c ce of my	apacity. I duties, an		
		(CONTINUED)					

Page 1 of 2

Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Gail L Woodcum
	320 Edgewood Dr
	West Palm Beach, Florida 33405
AMBR	Sher L Kasun
	1080 N Ocean Blvd
	Palm Beach, Florida 33480
AMBR	Dale W Greene
	2308 Lake Shore Dr
	Riviera Beach, Florida 33404
	
(Use attachment if necessary)	
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