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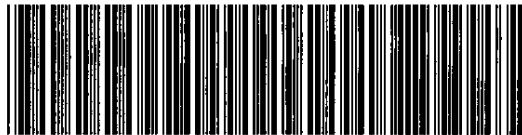
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15 NOV -5 PM 2:59

MD 11/6

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelican Risk Management

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stewart F. Brownlee

Name of Person

Pelican Risk Management

Firm/Company

3040 30th CT

Address

Jupiter FL 33477

City/State and Zip Code

SFBrownlee@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stewart Brownlee

at (561)

670-2710

Name of Person

Area Code

Daytime Telephone Number

on 203 - 803 - 9306 (cell)

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

STEWART F. BROWNLEE
3040 30TH CT
JUPITER, FL 33477

SUBJECT: PELICAN RISH MANAGEMENT LLC.
Ref. Number: W15000062956

We have received your document for PELICAN RISH MANAGEMENT LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE SUBMIT ENTIRE FORM.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 815A00020019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2015

STEWART F. BROWNLEE
3040 30TH CT
JUPITER, FL 33477

SUBJECT: PELICAN RISK MANAGEMENT LLC.
Ref. Number: W15000062956

We have received your document for PELICAN RISK MANAGEMENT LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 815A00020019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PELICAN RISK MANAGEMENT
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEWART BROWNLEE
Name of Person

PELICAN RISK MANAGEMENT
Firm/Company

3040 30TH CT.
Address

JUPITER FL 33477
City/State and Zip Code

SF BROWNLEE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEWART BROWNLEE at (203) 803-9306
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PELICAN Risk MANAGEMENT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3040 30th CT
JUPITER FL 33477
ATTN: S. BROWNLEE

Mailing Address:

3040 30th CT
JUPITER FL 33477
ATTN: S. BROWNLEE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

STEWART BROWNLEE
Name

3040 30th CT.
Florida street address (P.O. Box **NOT** acceptable)

Jupiter FL 33477
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Stewart Brownlee
3040 30th CT.
Jupiter FL 33477
NOV-5 PM 2:59

(Use attachment if necessary)

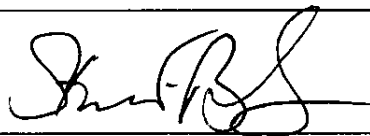
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STEWART F. BROWNLEE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)