

216000189918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

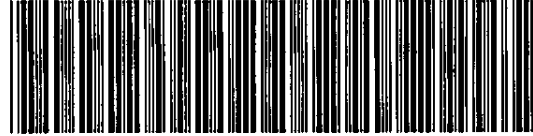
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pelican Development Group, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hric

Name of Person

Gibson, Kohl, Wolff & Hric, P.L.

Firm/Company

1800 2nd Street, Suite 920

Address

Sarasota, Florida 34236

City/State and Zip Code

michaelhric@michaelhricseq.net

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

For further information concerning this matter, please call:

Michael Hric

Name of Person

941 at ( )

Area Code

954-1359

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: Pelican Development Group, LLC

**SECOND:** The Florida Document Number of the limited liability company is: L16000189918

**THIRD:** The street address of the limited liability company's principal office is:

6610 Fleetwood Drive

Nashville, TN 37209

The mailing address of the limited liability company's principal office is:

6610 Fleetwood Drive

Nashville, TN 37209

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.


a. Granted to: JASON OWEN JONES

b. No authority granted to: \_\_\_\_\_

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: JASON OWEN JONES

b. No authority granted to: \_\_\_\_\_

  
Signature of authorized representative

Jeff Livingston

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

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