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Special Instructions to Filing Officer:				





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SECRETARY OF STATE
TALLAHASSEE, FI DE 17.

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: PELICAN PRESERVE HOME WATCH SERVICES. L.L.C. 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:
MPRGOT MAITLAND  Name of Person
PELICAN PRESERVE HOME WATCH SERVICES . L.L.C. Firm/Company
10530 AMLATA WAY # 302 Address
FORT MYERS. FL. 339/3 City/State and Zip Code
City/State and Zip Code  Margatmaitland O grants com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARGOT MAIT LAND at (239) 666-1999  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ Status \$155.00 Filing Fee \$ Certificate of Status \$ 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 Com	pany is:				
PELICAN PRI (Must contain the	ESERUE HOME words "Limited Liability C	E WATCH Company, "L.L.C.," o	SERVICES or "LLC.")	<u>. hh</u> C	
ARTICLE II - Address: The mailing address and street address	of the principal office of th	e Limited Liability C	Company is:		
Principal Offi	ce Address:		Mailing Address:		
10530 AMIATA FORT MYERS FL. 33913	WAY #302	10530 FORT FU. 3:	AMIATA MY BRS	WAY	#302
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active I	t serve as its own Registere			al or	
The name and the Florida street address	s of the registered agent are	;			
	GLEN J S	IKORSKI			
	Name				
<u>/C</u>	Name  52 DIAMANTE  rida street address (P.O. Bo	WAY FORT	Myens FL		
F.	Maria Sirect address (1.0.150	• •	3913		
<u>, 1 s</u>	City Stat		ip		
Having been named as registered agent a place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligatio	by accept the appointment and of all statutes relating to the statutes of my position as register Registered Agen	s registered agent an he proper and compi	nd agree to act in this lete performance of m I for in Chapter 605, i	capacity. I by duties, and SECKER ARY OF COMMENTARY OF	2011 JUL 10 PK 2: 58

ARTICLE IV- The name and address of each person authorize	ed to manage and control the Limited Liability Company:			
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager  PhugR	MARGOT MAITLAND 10530 AMIATA WAY #-302 FORT MYERS: FL-3390			
<del></del>				
(Use attachment if necessary)				
the date of filing.)	and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	and Maria Ar			
This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State mation submitted in s.817.155, F.S.			
MARC	SOT MAITLAND, ocd 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)