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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
CRIMSON PELICAN, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: CRIMSON PELICAN, LLC.

ARTICLE II - Address:

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

Principal Office Address:

4800 Pelican Colony Blvd., #2103
Bonita Springs, FL 34134

Mailing Address:

4800 Pelican Colony Blvd., #2103
Bonita Springs, FL 34134

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

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

Name:

CAPITOL CORPORATE SERVICES, INC.

Florida street address:

515 East Park Avenue, 2nd Floor
Tallahassee, Florida 32301

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..

Capitol Corporate Services, Inc.

By: Kim Tadlock

Name: Kim Tadlock

Title: Asst. Sec.

ARTICLE IV:

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

Title:

Manager

Name and Address:

JAMES R. HEWSON
4800 Pelican Colony Blvd., #2103
Bonita Springs, FL 34134

ARTICLE V:

Effective date: Effective upon filing with the Florida Secretary of State.

REQUIRED SIGNATURE:

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.

11/12/19
Date Executed

James R Hewson
JAMES R. HEWSON, Member

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