

L21000521426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

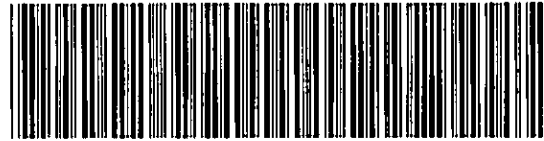
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100377655901

12/10/21--01021--090 **180.00

FILED
2021 DEC 10 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
DEC 13 2021

LAW OFFICE OF
**JURSINSKI
MURPHY**

Celebrating 40 Years in Southwest Florida

REAL ESTATE · BUSINESS · CONSTRUCTION

Florida Bar Board Certified Attorneys

December 8, 2021

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Pelican BCD, LLC

Dear Sirs:

Enclosed please find Articles of Organization and a Certificate Designating Registered Agent for the above limited liability company.

We respectfully request that these articles be filed. We have enclosed our check in the amount of \$160.00 for the filing fee and return of a certified copy of the Articles of Organization to the undersigned.

Should you have any questions, please do not hesitate to contact my office. Thank you for your assistance in this matter.

Respectfully,

Kevin F. Jursinski

KEVIN F. JURINSKI, B.C.S.
(signed in absence to avoid delay)

KFJ/ih

Enclosures

F:\LawOffice\Clients\Matter, David\LLC Formation\10 to Sec of State (12.08.2021).doc

FILED

2021 DEC 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION OF
PELICAN BCD, LLC**

The undersigned Member(s) hereby certify that they have associated for purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

NAME

The name of the limited liability company shall be **PELICAN BCD, LLC** (the "Company").

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 4559 Pinchurst Greens Court, Estero, FL 33928.

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows:

Kevin F. Jursinski, Esquire
15701 S. Tamiami Trail
Fort Myers, Florida 33908

MANAGEMENT

The Company shall be manager-managed, whose name(s) and address are as follows:

David Matter
4559 Pinchurst Greens Court
Estero, FL 33928

MEMBERSHIP

The Member(s) shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

EFFECTIVE DATE OF FILING

Pursuant to Florida Statute 605.0207 the effective date of filing of these Article of Organization and commencement of the existence of this Limited Liability Company shall be the date these Articles executed.

CORRESPONDENCE AND EMAIL ADDRESS

The following is the address and email address for all correspondence to the limited liability company:

4559 Pinchurst Greens Court
Estero, FL 33928
Email: david_matter@aol.com

Executed by the undersigned members at Fort Myers, Florida, on this 7th day of December, 2021.



David Matter,
its authorized representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

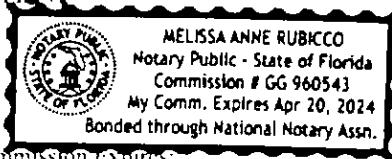
STATE OF FLORIDA

SS:

COUNTY OF LEE

The foregoing instrument was sworn to and acknowledged before me, an officer duly authorized in the State and County aforesaid, by means of ☒ physical presence, or ☐ online notarization, this 7th day of December 2021, by David Matter, who executed the foregoing instrument and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of December 2021.



Melissa A. Rubisco

NOTARY PUBLIC

(Typed/printed name)

Notary Commission No.: _____

My Commission Expires: _____

Personally Known Produced Identification

Type of Identification Produced _____

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE
AND REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is **PELICAN BCD, LLC.**

The name of the initial registered agent of the limited liability company is **Kevin F. Jursinski, Esquire** and the address of the office of the registered agent is **1579 Tamiami Trail, Fort Myers, Florida 33908.**

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of December, 2021.



KEVIN F. JURSKINSKI, ESQUIRE

2021 DEC 10 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED