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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-370

: (561)844-3700 : (561)844-2388

Phone : Fax Number :

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

Email Address: frank.finelli79@gmail.com

FLORIDA LIMITED LIABILITY CO.

White Pelican Advisory, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

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R OF STATE

T. MATTHEWS

FEB 13 2024

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	2024 FEB 12 PM 2: 58
White Pelican Adivsory, LLC	SECRETARY OF STATE
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC." ATASSEE, FL
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
612 White Pelican Way	612 White Pelican Way
Jupiter, FL 33477	Jupiter, FL 33477

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:

Francis A. Finelli		
	Name	
612 White Pelican W	/ay	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
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)

"AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	Francis A. Finelli
	612 White Pelican Way
	Jupiter, FL 33477
_	
V: Effective date, if other than the da:	e of filing: (OPTIONAL)
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