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Division of Corporations

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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#### FLORIDA LIMITED LIABILITY CO.

### Shady Pelican Holdings LLC

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Certificate of Status	0
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Page Count	03
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## COVER LETTER New Filing Section Division of Corporations SHADY PELICAN HOLDINGS LLC SUBJECT: 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 Erick Trelles, Esq. Name of Person Trelles Law PLLC Firm/Company 18801 SW 89 Road Address Miami, Florida 33157 City/State and Zip Code erick@trelleslaw.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call. Erick Trelles Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount □\$155.00 Filing Fee & ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

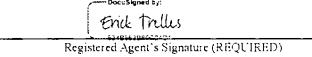
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ARTICLE I - Name:			
The name of the Limited Lis	ability Company is.		
Shady Pelican H	foldings LLC		
(Must	contain the words "Limit	ed Liability Company, "L	.L.C.," or "LLC ")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principa	al office of the Limited Li	ability Company is.
<u>Pri</u>	ncipal Office Address:		Mailing Address:
531 Sevilla Ave	nue		
Coral Gables, Fl	orida 33134		
(The Limited Liability Companother business entity with	pany cannot serve as its or ran active Florida registra	wn Registered Agent, Yo ation )	s Signature: u must designate an individual or
(The Limited Liability Companother business entity with	pany cannot serve as its or ran active Florida registra	wn Registered Agent, Yo ntion ) red agent are	
(The Limited Liability Companother business entity with	pany cannot serve as its or nan active Florida registra reet address of the registe	wn Registered Agent, Yo ntion ) red agent are	
(The Limited Liability Companother business entity with	pany cannot serve as its or nan active Florida registra reet address of the registe	wn Registered Agent, Yo ntion ) red agent are Name	
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida st	pany cannot serve as its or an active Florida registratest address of the registe   Trelles Law PLLC  18801 SW 89 Roa	wn Registered Agent, Yo ntion ) red agent are Name	u must designate an individual or

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City



Zip

(CONTINUED)

5-Jun-2624 13:13 Trelles Lau PLLC

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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Robert Rush Norton
	531 Sevilla Avenue Coral Gables, Florida 33134
	Colar Gaoles, Figure 35159
·	date of filing (OPTIONAL)
ective date is listed, the date must be filling.) The date inserted in this block does	date of filing
EV: Effective date, if other than the ective date is listed, the date must lof filling.)	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
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EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be ment of State's records.
E V: Effective date, if other than the sective date is listed, the date must be filling.) the date inserted in this block does ment's effective date on the Department's effective date on the	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not be ment of State's records.