Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 Phone : (561)746-1002 Fax Number : (561)775-0270

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

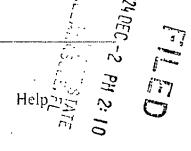
Email Address: EPROENZA@JHRJPA.COM

# FLORIDA LIMITED LIABILITY CO.

Pelican Developments, LLC

Certificate of Status	0
Certified Copy	()
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Pelican Developments, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

Mailing Address:	
169	
4	

## 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:

Jeck, Harris, Raynor & Jones, P.A.				
	Name			
790 Juno Ocean Wa	lk, Stc. 600			
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)		
Juno Beach	FL	33408		
City	State	Zin		

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..

Edward Procusa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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as

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Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Thomas Aiken 155 Point Circle	
	Tequesta, FL 33469	
<del></del>		
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REQUIRED SIGNATURE:		
— Thomas	a member or an authorized representative of a member.	
This document is ex 1 am aware that any 1	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155. F.S.	
Thomas Aike	n	
	Typed or printed name of signee	21

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)