Document Number Only 001134 CT Corporation System Requestor's Name 660 East **J**efferson Street **300002790363--**021 **Address** Tallahassee, FL 32310 222-1092 ****285.00 Phone Zip City State **CORPORATION(S) NAME** () Profit () Merger () Amendment () NonProfit Limited Liability Company () Dissolution/Withdrawal () Foreign () Other () Annual Report () Limited Partnership ()Name Registration () Change of R.A. () Reinstatement ()UCC-1 Financing Statement() UCC-3 Filing ()Fictitious Name () CUS () Photo Copies () Certified Copy () After 4:30 XX Call if Problem () Call When Ready ∰ Pick Up 🚅 () Will Wait (x) Walk In () Mail Out Name Availability Please Return Extra Copies MII: 56 File Stamped. Document Thank You!! Examine Updater Verifier Acknowledgme

W.P. Verifier

CR2E031 (1-89)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Felican Feathers LLC

ARTICLE II - Address:

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

152 Connors Avenue
Naples, Florida 34108

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual Duration

Perpetual Duration

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

R. Wayne Newsome 152 Connors Avenue Naples, Florida 34108

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Terms acceptable to the managing member.

(FL052 - 7/2/98)

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

As allowed by appropriate law and the Operating Agreement.

SECRETARY OF STATE DIVISION OF CORPORATIONS
99 MAR - 1 PM 1: 41

ARTICLE VII - Affidavit of Membership and Contributions

2) the total amount of cash contributed by the member(s) is 3) if any, the agreed value of property other than cash contributed by member(s) is \$ (A description of the property is attached and made a part hereto.); and	s LLC		The undersigned member or authorized representative of a member of Pelican Fea			
(A description of the property is attached and made a part nereto.); and	,000.00	\$ _4	above named limited liability company has at least one member; total amount of cash contributed by the member(s) is	L) 1 2)		
4) the total amount of cash and property contributed and antiorparate to 50	0.000		ny, the agreed value of property other than cash contributed by member(s) is description of the property is attached and made a part hereto.); and total amount of cash and property contributed and anticipated to be	- 1		

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. Wayne Newsome

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

(FL052)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Pelican Feathers LLC	- 99
		- 55
		70 1
		_
2.	The name and address of the registered agent and office is:	2
	.R. Wayne Newsome	Ξ
	(Name)	-
	152 Gamana Arramia	
	152 Connors Avenue (P.O. Box not acceptable)	••
	(F.O. DOKAMA acceptants)	
	Naples, Florida 34108	
	(City/State/Zip)	
state the	sing been named as registered agent and to accept service of process for the all ed limited liability company at the place designated in this certificate, I hereby ac appointment as registered agent and agree to act in this capacity. I further agre uply with the provisions of all statutes relating to the proper and complete performance duties, and I am familiar with and accept the obligations of my position as registent.	epi to of
_	R. Wayne Newsome 2/36/99 (Signature) R. Wayne Newsome	

FILINGFEE: \$ 35 for Designation of Registered Agent
28

(FLA. - LLC 3364 - 3/10/97)