

From:

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
PELICAN INTERNATIONAL CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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From:

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **PELICAN INTERNATIONAL CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

70 GLEN ST #270

GLEN COVE, NY 11542

Mailing address, if different is:

C/O ODAY CPA

70 GLEN ST #270

GLEN COVE, NY 11542

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to engage in any lawful act or activity for which corporations may be organized.**

ARTICLE IV SHARES **1,000**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **TJ THOMPSON/DIRECTOR**

Address: **1974 DECATUR AVE
N. BELLMORE, NY 11710**

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

11/24/2015 14:37

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{cont.}

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

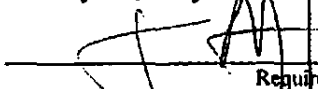
Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Address: 155 OFFICE PLAZA DRIVE 1ST FLOOR
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VERONICA GONZALEZ
Address: 16 COURT STREET 14TH FL
BROOKLYN, NY 11241

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

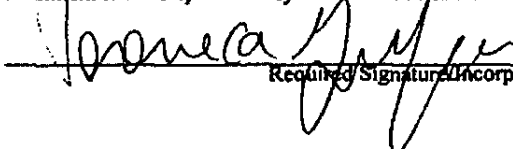
 Jose Mojica, Asst. Sec

Required Signature/Registered Agent

11/24/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

 _____
Required Signature/Incorporator

11/24/2015

Date

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TALLAHASSEE, FLORIDA