

To: Sunbiz

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2008-08-25 12:25:12 (GMT)

From: Licenses Etc.

P160000013017

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LICENSES ETC INC  
Account Number : I20070000159  
Phone : (239) 777-1028  
Fax Number : (877) 275-3593

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

**Email Address:** ETC@LICENSESETC.COM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB - 8 PM 2:04

APPROVED  
AND  
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION  
PELICAN BAY CONTRACTING, INC.

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$87.50

16 FEB - 8 PM 3:51

16 FEB - 8 PM 3:51

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Florida Department of State  
Division of Corporations, Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314


To Whom It May Concern:

Prior to the filing of the attached Articles of Incorporation, Pelican Bay Contracting, Inc. (Document # P04000044762) has been dissolved voluntarily. Attached, you will find a new business filing to use the same name of the business that has recently been dissolved (Pelican Bay Contracting, Inc.)

Therefore, please accept this letter as authorization for the business name, Pelican Bay Contracting, Inc. to be released for use to myself, Timothy J. McCue. The ultimate goal is for this company to be re-created with the same exact name as previous, however, it will now operate under a new FEIN as a new business entity.

This should be everything that you will need in order to successfully release the name for my use. If you have any additional questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,



Timothy J. McCue  
President  
Pelican Bay Contracting, Inc.

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### COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** PELICAN BAY CONTRACTING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Lisa Adams  
Name (Printed or typed)

886 110th Ave. N., Suite #6  
Address

Naples, FL 34108  
City, State & Zip

(239) 777-1028  
Daytime Telephone number

etc@licensesetc.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: **PELICAN BAY CONTRACTING, INC.****ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

**15318 Cortona Way****15318 Cortona Way****Naples, FL 34120****Naples, FL 34120****ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Any and all lawful business.****ARTICLE IV SHARES**The number of shares of stock is: **1000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Terry Porter - President**

Name and Title:

Address **15318 Cortona Way**

Address:

**Naples, FL 34120**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

16 FEB - 8 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

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APPROVED  
AND  
FILED (((H16000032669 3)))

16 FEB -8 PM 2:04

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
Address: \_\_\_\_\_ Address: TALLAHASSEE, FLORIDA  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Terry Porter  
Address: 15318 Cortona Way  
Naples, FL 34120

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Terry Porter  
Address: 15318 Cortona Way  
Naples, FL 34120

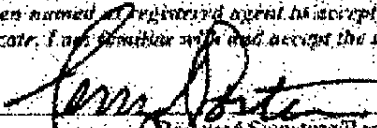
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

*Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

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

 2/5/16  
Required Signature/Registered Agent Date

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

 2/5/16  
Required Signature/Incorporator Date

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