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SECRETARY OF STATE
ALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PELICAN REAL ESTATE INVESTMENTS 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: BELINDA HOGAN
Name (Printed or typed)

15580 SUNRAY RD.
Address

TALLAHASSEE FLORIDA 32309
City, State & Zip

850-545-6605
Daytime Telephone number

ISLANDLADY5@gmail.com
E-mail address: (to be used for future annual report notification)

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

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 REAL ESTATE INVESTMENTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

15580 SUNRAY RD
TALLAHASSEE, FL.
32309

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTING IN PROPERTY

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BELINDA HOGAN (P)

Address: 15580 SUNRAY RD.
TALLAHASSEE, FL
32309

Name and Title: KEVIN HOGAN (V.P.)

Address: 15580 SUNRAY RD.
TALLAHASSEE, FL.
32309

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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: BELINDA HOGAN

Address: 15580 SUNRAY RD.
TALLAHASSEE, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BELINDA HOGAN

Address: 15580 SUNRAY RD.
TALLAHASSEE, FL 32309

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 days prior or 90 days after the filing.)

Note: If the date inserted 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 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

BELINDA HOGAN

Required Signature/Registered Agent

1/4/2019

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.

BELINDA HOGAN

Required Signature/Incorporator

1/4/2019

Date

2019 JAN - 6 PM 12:38
STATE OF FLORIDA
TALLAHASSEE
FILING