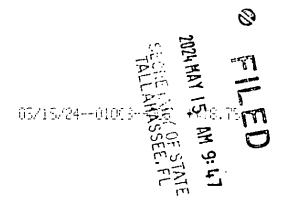
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(Re	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED

## **COVER LETTER**

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

SUBJECT: Pelicans Construction (PROPOSED CORPORAT	, SCYVICES ENAME-MUSTINGLU	Florida Ir	JC
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00 □ \$78.75  Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	PY REQUIRED	
FROM: -bse Juis Sville	Printed or typed)	·	
307 N Navy B	4V8 ddress		
Personala, F.J.	33507 ·		~ @
850 · 572  Daytime Te		TALL AMAS	700
<u>Luis @ best firm</u> E-mail address: (to be used	for future annual report i	notification) SUP	

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)

name of the corporation shall be: 12 hours	2017311310113			
ICLE II PRINCIPAL OFFICE		Mailing address, i	f.different ic	
Principal street address  NOVY DIVO		Maning address, t	t different is.	
nsal pla \$2,32507.				
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TICLE III PURPOSE purpose for which the corporation is organized is: _	( construction			
purpose for which the corporation is significant.	,			
		<del></del> -		
			<del>-</del>	
_				
TICLE IV SHARES				
17C3.6:3E 302.4863 1				
number of shares of stock is:				
number of shares of stock is:	<del></del>			
number of shares of stock is:	CTORS			
number of shares of stock is:	CTORS			
number of shares of stock is:	CTORS  Oregident Name and Ti	itle:		
number of shares of stock is:	CTORS  Organization Name and Ti	itle:		
number of shares of stock is:	CTORS  Organization Name and Ti	itle:		
number of shares of stock is:	CTORS  President Name and Ti  Address:	itle:		
number of shares of stock is:	CTORS  Oresident Name and Ti  Address:	itle:		
number of shares of stock is:	CTORS  President Name and Ti  Address:	itle:		
Name and Title: Jese Jais how Blud  Address 307 N Navy Blud  Persacola FJ. 36	Address:		· No.	
Name and Title:	Address:  Name and Ti Address:  Name and T		· No.	
number of shares of stock is:	Address:  Name and Ti Address:  Name and T		· No.	
Name and Title: Jase Jais (100 May 3410)  Name and Title: Jase Jais (100 May 3410)  Pensacok FJ. 36  Name and Title:	Name and Ti		ZOZ4 MAY I	
Name and Title:	Name and Ti		2024 MAY 15 SECRETARY	
Name and Title: Jase Jais (15:1/20)  Address  Name and Title: Jase Jais (15:1/20)  Address  Name and Title: Jase Jais (15:1/20)  Address  Name and Title:	Address:  Name and Ti Address:  Name and Ti Address:		2024 MAY 15	
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Name and Title: Jese Jais Gottler / Address  Name and Title: Jese Jais Gottler / Pensacok FJ. 36  Name and Title:	Name and Ti Address:  Name and Ti Address:  Name and Ti Address:	itle:	2024 MAY 15 AM 9:	

Address:  Address:  Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Deservice Guillen Herrancle?  Address: 207 Navy BNd Persecola FL 20707  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Deservice Guillen Herrancle?  Address: 307 Navy BNd Persecola FL 30707  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing 15 - 15 - 24 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 degree certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information is the submit this document and affirm that the facts stated herein are true. I am aware that the false information is the submit this document and affirm that the facts stated herein are true. I am aware that the false information is the submit this document and affirm that the facts stated herein are true. I am aware that the false information is the submit this document and affirm that the facts stated herein are true. I am aware that the facts information is the submit this document and affirm that the facts stated herein are true. I am aware that the facts information is the submit this document and affirm that the facts stated herein are true. I am aware that the facts information is the submit this document and affirm that the facts stated herein are true. I am aware that the facts information is the submit the submit the submit the submit the submit	Name and Ti	itle:	Name and T	Fitle:	
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:					
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: bse feis Gillen Herrancle?  Address: 307 N Navy BIVd  Pensacela FL 30707.  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: bse feis Guillen Herrancle?  Address: 307 N Navy BIVd  Pensacela, FL 30707  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 05 - 15 - 24 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 flate decertificate, I am Jamiliar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent					
Name: Lose feels Guillen Hemancle?  Address: 307 N Navy BNd  Persacela FL 50707.  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Jose feels Guillen Hernancle?  Address: 307 N Navy BNd  Persacela, FL, 30707  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 05-15-04 (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days at filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 decertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  See Jack Guillen Hemancle?  Required Signature/Registered Agent					
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:    DSR Jewis Guillen Herrander     Address:   307 N Navy Blud     Penscuela   FL 33507     ARTICLE VIII EFFECTIVE DATE:     Effective date, if other than the date of filing: 05-15-24   (OPTIONAL)     (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)   Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 day certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacing				d agent is:	
The name and address of the Incorporator is:  Name: 307 N Navy Blud  Perscucta, Fd. 3070  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 05-15-24 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this determile 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 degree certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent					
The name and address of the Incorporator is:  Name: Jose Jewis Willen Hernander.  Address: 307 N Navy Blud  Perscucta, Fd. 30507  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 05-15-24 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this determile 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 degree certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent	Address: 3	07 NOWY BING			
The name and address of the Incorporator is:  Name:    DS.e. Fee's Guillen Fernande?     Address:   307 N Navy Blud     Densaccing   TJ. 30507     ARTICLE VIII   EFFECTIVE DATE:     Effective date, if other than the date of filing:   05-15-24   (OPTIONAL)   (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)    Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 degree certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity:    Required Signature/Registered Agent   Date	, <del>, ,</del>	lensacola Fd.	29-201-		
The name and address of the Incorporator is:  Name: Jose Levis Guillen Hernander.  Address: 307 Navy Blod  Pensacala, Tf. 30507  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 05-15-24 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 degree certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.  Required Signature/Registered Agent	ADTICULTURE IN	CORDON ATOR			
Name: Jose Jewis Guillen Herrander.  Address: 307 Navy Blod  Persaccela, FJ. 30507  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 05-15-04 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days affiling.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 degree certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacing.  Required Signature/Registered Agent		<del>-</del>			
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Jose Juis Gullen Herrandez. 05-15	I submit this docum	partment of State constitutes a th	ird degree felony as provided	aware that the false inform d for in s.817.155, F.S.	nation Su