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SECRETARY OF STATE
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C. LEWIS

Aug. 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2012

DONALD C. CONRAD III INTRACOASTAL CARPENTRY, LLC. 3451 WASHBURN RD JACKSONVILLE, FL 32250

SUBJECT: INTRACOASTAL CARPENTRY, LLC.

Ref. Number: W12000039514

We have received your document for INTRACOASTAL CARPENTRY, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00019713

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Intracoastal C	arpentry, LLC.
	ame of Limited Liability Company
The enclosed Articles of Organization an	nd fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Donald C Conrac	Name of Person
Intracoastal Carp	
	Firm/Company
3451 Washburn F	Rd
	Address
Jacksonville, FL 322	
atlconrad@att.net	City/State and Zip Code
=	s: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
Don Conrad	at (904) 314-1465
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount:
\$125.00 Filing Fee \$\sqrt{\$\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	
Mailing Addr Registration So Division of Co P.O. Box 632 Tallahassee, F	ection Registration Section orporations Division of Corporations 7 Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Intracoastal Carpentry, LLC	
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3451 Washburn Rd Jacksonville, FL 32250	3451 Washburn Rd Jacksonville, FL 32250
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re-	
Donald C. Co Name 3451 Washburg Florida street addres The MSONUME City, State	e and Zin

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:		FILED
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	12 JUL 25 AM SECRETARY OF S TALLAHASSEE, FL
MGR	Donald C Conrad III	
	3451 Washburn Rd Jacksonville, FL 32250	
MGRM	Carmen M Conrad	·
	3451 Washburn Rd	
·	Jacksonville, FL 32250	
	·	
	·	
(Use attachment if necessary)	•	
LE V: Effective date, if other than the datective date is listed, the date must be s		
days after the date of filing.)		
•		
days after the date of filing.) REQUIRED SIGNATURE:	Concod or an authorized representative of a membe	r.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee