

L030000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

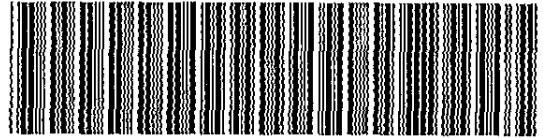
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
03 JAN 13 AM 10:22
TALLAHASSEE, FLORIDA

January 10, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

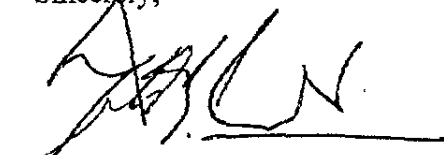
To Whom It May Concern:

Aftab Cumber and Gul Cumber hereby submit the following Articles of Organization for Intercoastal III, LLC. The company's address and phone number are as follows:

Intercoastal III, L.L.C.
c/o Aftab Cumber
10100 West Sample Road, Suite 205
Coral Springs, FL 33065
(954) 426-0414

Enclosed you will find a check in the amount of \$155.00 for the Filing Fee, Certified Copy, and Designation of Registered Agent.

Sincerely,


Aftab Cumber

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03 JAN 13 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Intercoastal III, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Aftab A. Cumber
10100 West Sample Road, Suite 205 Coral Springs, FL 33065

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Aftab Cumber
Name
10100 West Sample Road, Suite 205
Florida street address (P.O. Box **NOT** acceptable)
Coral Springs FL 33065
City, State, and Zip

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03 JAN 13 AM 11:25
TALLAHASSEE
SECRETARY OF STATE

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.

[Signature]
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Aftab Cumber
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)