

LD3000038305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

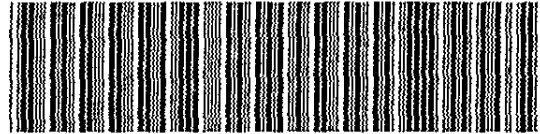
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOE D. MATHENY, P.A.

ATTORNEY AT LAW
355 INDIAN RIVER AVENUE
TITUSVILLE, FLORIDA 32796
(321) 267-3733

FAX
(321) 267-3736

E-MAIL
ATTYMATHENY@AOL.COM

PLEASE REPLY TO:
P.O. Box 6526
TITUSVILLE, FL 32782-6526

September 29, 2003

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: INTERCOASTAL RENTAL, L.L.C.

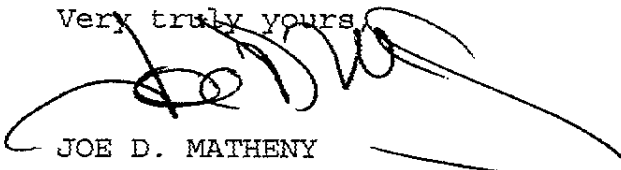
Dear Sir:

Enclosed please find for filing with the Division of Corporations the original Articles of Organization, along with one (1) copy of the same, for the above-referenced Limited Liability Company. A check in the amount of \$155.00 is enclosed for the following:

Filing fee:	\$100.00
Designation of Registered Agent:	25.00
Certified Copy:	30.00
	<hr/>
	\$155.00

Please return a certified copy of the Articles to the undersigned. Thank you for your assistance in this matter.

Very truly yours,



JOE D. MATHENY

mdw
Enclosures

ARTICLES OF ORGANIZATION OF INTERCOASTAL RENTAL, L.L.C.,
a Florida Limited Liability Company

ARTICLE I. Name:

The name of the Limited Liability Company is:

INTERCOASTAL RENTAL, L.L.C.

ARTICLE II. Address:

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

7139 North U.S. Highway 1
Port St. John, FL 32927

The aforesaid address is the principal office address and the
mailing address of the Limited Liability Company.

ARTICLE III. Registered Agent, Registered Office, and
Registered Agent's Signature.

The name and the Florida street address of the Registered
Agent are:

AMBIKA RAVINDRAN
7139 North U.S. Highway 1
Port St. John, FL 32927

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.


AMBIKA RAVINDRAN

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TALLAHASSEE FLORIDA

ARTICLE IV. Managing Members:

The names and addresses of the Managing Members of the Limited Liability Company are as follows:

Title:

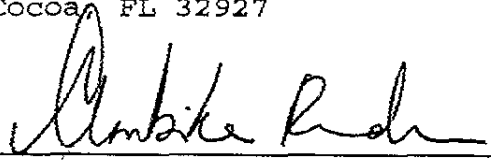
Name and Address:

MGRM

Ambika Ravindran
7139 N. U.S. Highway 1
Port St. John, FL 32927

MGRM

Faiaz M. Rasul
7075 N. U.S. Highway 1
Suite 500
Cocoa, FL 32927



AMBIKA RAVINDRAN



FAIAZ M. RASUL