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2004 OCT 11 A 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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# enitia corporation

INCORPORATING AMERICAS ENTREPRENEURS  
**FILED**

October 5, 2004

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

2004 OCT 11 A 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

enitia corporation  
p.o. box 495  
dexter, mi 48130

**Re: Envirotech Coastal Consulting LLC**

Dear Sir or Madam:

Enitia Corporation has been authorized by Amit Hazra to file the enclosed Articles for Envirotech Coastal Consulting LLC. Enitia Corporation is acting only as the Incorporator.

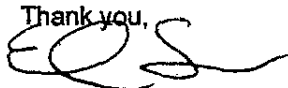
If you need any additional information, you can reach us at

Enitia Corporation  
P.O. Box 495  
Dexter, MI 48130

1-734-426-3361  
edstahlin@enitia.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,



Ed Stahlin  
Enitia Corporation

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Envirotech Coastal Consulting LLC**

**ARTICLE II - Address:**

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

826 Pizarro Street  
Coral Gables, FL 33134

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

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

**Amit Hazra**

Name

**826 Pizarro Street**

Florida street address (P.O. Box NOT acceptable)

**Coral Gables, FL 33134**

City, State, and Zip

*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

  
\_\_\_\_\_  
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.)

**Amit Hazra**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**Amit Hazra**

Typed or printed name of signee