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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations FILED

SUBJECT: INTRACOASTAL DEVELOPMENT GROUP, LT & 26

(Name of Limited Liability Company)

TAIL ARRY OF STATE

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MALCOLM TARRY

INTRACOASTAL DEVELOPMENT GROUP, LLC

1627 RIVERVIEW ROAD, #415

DEERFIELD BEACH, FL, 3344/
(City/State and Zip Code)

For further information concerning this matter, please call:

MALCOLM TARRY at 954 629-1230
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fce

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	2005 AUG 19 P 2: 26 TALLAHASSET OF STATE
INTRACOASTAL DE	TALLAHASSEE, FLORIDA C
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2810 E. OAKLAND PARK BLVD, #200 Ft. Lauderdole, FL, 33306	1627 RIVERVIEW ROAD, #415, DEERFIELD BEACH, EL, 33441
A PARTICULAR THE PARTY OF THE P	toom on the later of

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

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

Name

361 SE 5⁷⁴ A V

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

POMPANO BEACH FL 33060

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM - KOLEC N. NA OR AND DE 2: 26 36 SESTAN, POMPAND BEACH, FL, 33000 AHSSEE, FLORIDA MGRM MALCOLM TARRY 1627 RIVERVIEW, ROAD 4415, DEERFIELD BEACH, FZ 33441 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:
(Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.
NOTE: An additional article must be added if an effective date is requested.
NOTE: An additional article must be added if an effective date is requested.
NOTE: An additional article must be added if an effective date is requested.
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REQUIRED 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.)
Typed or printed name of signee

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)