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SECRETARY OF STATE DIVISION OF CORFORATIONS



## **COVER LETTER**

	gistration Section vision of Corporations
SUBJECT:	INTUITIVE CONCEPT DEVELOPMENT
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	DOMINICK TAMBORAA  Name of Person
	Name of Person
	Firm/Company
	7471 LAVAL DRIVE Address
	DELTONA FLORIDA 32738
	DELTONA FLORIDA 32738  City/State and Zip Code  DOMBORRA & GMAIL. COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
<u>Domi</u>	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□ \$125.00 Fii	ing Fee

# **Mailing Address**

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

# Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

2/8/14 Effective Date

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name:	
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The name of the Limited Liability Company is:

INTUITIVE CONCEPT DEVELOPMENT L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE II - Address:

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

Principal Office Address:  3471 LAVAL DRIVE  DELTONA FLORIDA 32738	Mailing Address:  2471 LAVAL DRIVE  DELTOVA FLORIDA 32738
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
DOMINICK	TAMBORRA
Name	
2471 LAVAL 1	ORIVE
Florida street address (P.O. Box	NOT acceptable)
DELTONA	FL 32738
City	Zip
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obj	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MAR	DOMENICK TAMBORRA
(10 K)	2471 LAVAL ORIVE
•	021 TOUR 51 20 723
	WELLOWN FLOKIVA 30100
	***************************************
	**************************************
······································	
Use attachment if necessary)	
(Use attachment if necessary)  EV: Effective date, if other than the date tive date is listed, the date must be of filling.)  EVI: Other provisions, if any.	ate of filing: 2/8/14 (OPTIONAL) specific and cannot be more than five business days prior to or
E V: Effective date, if other than the datective date is listed, the date must be of filling.)	ate of filing: 2/8/14 (OPTIONAL); specific and cannot be more than five business days prior to or
E V: Effective date, if other than the datective date is listed, the date must be of filling.)	ate of filing: 2/8/14 (OPTIONAL); specific and cannot be more than five business days prior to or
E V: Effective date, if other than the date to the date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a range of the date of the date in the date of	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the date to the date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a I (In accordance with section constitutes an affirmation under I am aware that any false information to constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

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)

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