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(Re	questor's Name)	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2016

ELIZABETH PAVUR 2201 INTRACOASTAL DR. FT. LAUDERDALE, FL 33305

SUBJECT: INTRACOASTAL CONSULTING, LLC

Ref. Number: W16000001412

We have received your document for INTRACOASTAL CONSULTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P10000041470 (INTRACOASTAL CONSULTING CORP).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 816A00000583

Thomas Chang Regulatory Specialist II New Filing Section

www.sunbiz.org

GRIGIANI

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is: Flori la	Intracoustil Consulting	, L
DATA INTRA	coustre Conso	DATE CONTRACTOR	J
(Must en	nd with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	et address of the principal office of	the Limited Liability Company is:	
Princ	cipal Office Address:	Mailing Address:	
	ntracoustre Drive	Same	
- Twe lav	diddele 12 33305		
Fort lau	Agent, Registered Office, & Regi	istered Agent's Signature:	
		ered Agent. You must designate an individual or	

2201 Intraconstre D Florida street address (P.O. Box NOT acceptable)

Name

Fort Laudodele
City St

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 605, F.S..

gistered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	0/ / 4 0- 1
AMBR_	Elizabeth Pavur
	Fort Large PL 32305
1 m m 10	
AMOR	MORION PAVA
	100 200 TN 3777 4
	<del></del>
(Use attackment if pagessam)	
(Use attachment if necessary)	
•	e date of filing: (OPTIONAL)
LEV: Effective date, if other than the ffective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
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Page 2 of 2

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)