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COVER LETTER

TO:	New Filing S Division of C	ection orporations					
SUBJE	Integration	on Consulting Group LL(D .				
		Name of L	imited Liabi	lity Company			
The enc	losed Articles o	of Organization and fee(s) a	re submitted	l for filing.			
Please r	eturn all corresp	pondence concerning this n	natter to the	following:			
	Brian Brah	nim					
			Name of	Person			
			Firm/Co	mpany			
	2351 Grenadines Way						
		<u> </u>	Addr	ess			
	Naples, FL	. 34120					
	City/State and Zip Code brian.brahim@outlook.com						
		E-mail address: (to be used	for future a	nnual report notificat	ion)		
For further	r information co	oncerning this matter, please	e call:				
	Brian Brahim		32	735-6895			
Name of Person		ie of Person A	Area Code Daytime Telephone Number				
Enclosed	is a check for t	he following amount:			,		
		LI\$130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	IV\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address

TO:

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Integration Consulting Group LLC. (Must conatin the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address:		
e mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2351 Grenadines Way	2351 Grenadines Way	
Naples, FL 34120	Naples, FL 34120	

Bnan Brahim Name

2351 Grenadines Way

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

Naples FL 34120
City State 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 605, F.S..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

2020 JAN TO AH IO: 41

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>		Name and Address:
	uthorized Member	
"MGR" = Ma	iniger	
AMBR, MGR		Brahim
		Grenadines Way es, FL 34120
	1401	
		
•	ent if necessary)	
If an effective date is line date of filing.) Note: If the date inser	fisted, the date must be specific at ted in this block does not meet the	(OPTIONAL) and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
the document's effective	ve date on the Department of State	's records.
ARTICLE VI: Other p	•	
REOUIRED	SIGNATURE:	alu.
	This document is executed in acl am aware that any false inform	r an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	Bnan Brahim	
		I or printed name of signee
	. 71.0	the first transfer of

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)

Brian J. Brahim

2351 Grenadines Way, Naples, FL 34120

Division of Corporations New Filing Section January 6, 2020

Please find attached articles of organization for Integration Consulting Group LLC. Hope all is in good order to receive a favorable response.

Sincerely

Brian Brahim

(732) 735-6895

2351 Grenadines Way Naples, FL 34120

