

P19 000 080 250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

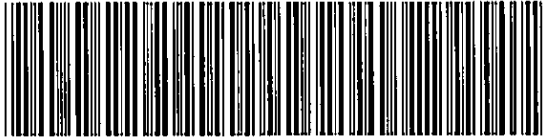
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/28/19--01005--009 \*\*78.75

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2019 OCT 28 AM 11:06  
SECRETARY OF STATE  
19 OCT 28 11:10:42  
TOLSON

D O'KEEFE  
OCT 28 2019

10/28/2019

We do not plan to reinstate  
the dissolve company of  
Coastal Trailer & Hitch LC

document # L9800000124.

I electric to use the  
name on current application.

Amos J. Miller

FILED  
2019 OCT 28 AM 11:07  
CLERK OF STATE  
MONTANASSEPT 11 0819

## COVER LETTER

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

**SUBJECT:** COASTAL TRAILER & HITCH LC INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** BRYAN SANDERS

Name (Printed or typed)

3038 CRAWFORDVILLE HIGHWAY SUITE B

Address

CRAWFORDVILLE FL 32327

City, State & Zip

8502518115

Daytime Telephone number

MILLENDERTAX@AOL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: COASTAL TRAILER & HITCH LC INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2551 COASTAL HIGHWAY  
CRAWFORDVILLE FL 32327

Mailing address, if different is:  
2551 COASTAL HIGHWAY  
CRAWFORDVILLE FL 32327

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL M HAYS PRES

Address: 44 BAXTER LANE  
CRAWFORDVILLE FL 32327

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2019 OCT 28 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: BRYAN SANDERS  
 Address: 3038 CRAWFORDVILLE HIGHWAY STE B  
CRAWFORDVILLE FL 32327

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: BRYAN SANDERS  
 Address: 3038 CRAWFORDVILLE HIGHWAY STE  
CRAWFORDVILLE FL 32327

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 TALLAHASSEE, FL 32301

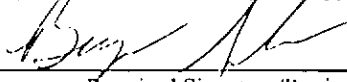
**ARTICLE VIII EFFECTIVE DATE:**

10/28/2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent

10/28/2019  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 Required Signature/Incorporator

10/28/2019  
 Date