## P9900058913

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

Tallahassee, FL 32314				
SUBJECT:	FCOAST ASSOC (Proposed con	porate name - must include	suffix)	
				72478 - -01101005 - 5 *****78.75
a lines original s	and one(1) copy of the articles	of incorporation and a	check for:	
Enclosed is an original of \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	OPY REQUIRED	<u> </u>
FROM:	Golfcoast Name (	Printed or typed)	DC.	
	7110 SIZI 1	Address	<u> </u>	
	BLADENTON, Ci	34203 y, State & Zip	SECRE	99 JUN 28
	941-727-9 Daytim	PO   e Telephone number	EETS	28 AM 10: 13
			DRID	<u></u> ω

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

B 88000

		99/11/2
ARTICLES OF INCORP		
The undersigned incorporator, for t Business Corporation Act, hereby a	the purpose of forming a corporation under the Florida adopts the following Articles of Incorporation.	19 10 13
ARTICLE I NAME The name of the corporation sha	Boliconst Associates. In	
ARTICLE II PRINCIP. The principal place of business	AL OFFICE and mailing address of this corporation shall be:	£

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ARTICLE III The number of share	SHARES s of stock that this	corporation is authorized to have outstanding at any one time is:

100 SHARED

ADDICE F IV	INITIAL REGISTERED AGENT AND STREET ADDRESS	,
ARTICLE IV	do street address of the initial registered agent are:	

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

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent