

F0500000 6087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

189 547, 671

Office Use Only



900060166219

10/07/05--01039--011 **97.50

FILED
05 OCT 19 AM 10:05
STATE
FLORIDA

105-46673

1029

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Distribution Center, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian Schneider

(Name of Person)

Coastal Distribution Center, Inc.

(Firm/Company)

1512 SE Village Green Drive

(Address)

Port St. Lucie, FL 34952

(City/State and Zip code)

For further information concerning this matter, please call:

Michael D'Apolito

(Name of Person)

at (772) 349-3000

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
05 OCT 19 AM 10:05
REG. SEC. OF STATE
FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 11, 2005

BRIAN SCHNEIDER
1512 SE VILLAGE GREEN DRIVE
PORT ST. LUCIE, FL 34952

SUBJECT: COASTAL DISTRIBUTION CENTER, INC.
Ref. Number: W05000046673

FILED
OCT 19 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COASTAL DISTRIBUTION CENTER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 005A00061834

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Coastal Distribution Center, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. 51-0550307
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 29, 2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. November 1, 2005
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1512 SE Village Green Drive, Port St. Lucie, FL 34952
(Principal office address)

1512 SE Village Green Drive, Port St. Lucie, FL 34952
(Current mailing address)

8. buy, sell distribute products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

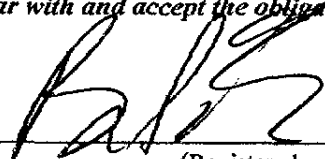
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian Schneider

Office Address: 1512 SE Village Green Drive
Port St. Lucie, Florida 34952
(City) (Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED
05 OCT 19 AM 10:05
STATE
PORT ST. LUCIE, FL 34952

A. DIRECTORS

Chairman: Michael D'Apolito
Address: 1512 SE Village Green Drive
Port St. Lucie, FL 34952

Vice Chairman: Stacy D'Apolito
Address: 1512 SE Village Green Drive
Port St. Lucie, FL 34952

Director: Brian Schneider
Address: 1512 SE Village Green Drive
Port St. Lucie, FL 34952

Director: _____
Address: _____

B. OFFICERS

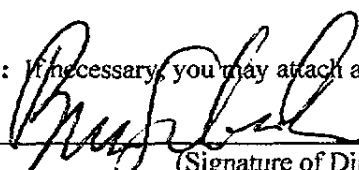
President: Michael D'Apolito
Address: 1512 SE Village Green Drive
Port St. Lucie, FL 34952

Vice President: Brian Schneider
Address: 1512 SE Village Green Drive
Port St. Lucie, FL 34952

Secretary: Stacy D'Apolito
Address: 1512 SE Village Green Drive, Port St. Lucie, FL 34952

Treasurer: Stacy D'Apolito
Address: 1512 SE Village Green Drive, Port St. Lucie, FL 34952

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Brian Schneider
(Typed or printed name and capacity of person signing application)

FILED
05 OCT 19 AM 10:06
SECRET
STATE
FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **COASTAL DISTRIBUTION CENTER, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 29, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 4, 2005.



Dean Heller

DEAN HELLER
Secretary of State

By

acquiline urrie
Certification Clerk