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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER	
COVER LETTER	
TO: New Filing Section Division of Corporations	
SUBJECT: COAST TO COAST CONSULTING 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.	D
Please return all correspondence concerning this matter to the following:	
VISWANATHAN SUBRAMANIAN (Name of Person)	_
(Name of Person)	
COAST TO GAST GINSULTING INC	<u>.</u>
P.O. Box 3635	_
(Address)	, ,
PONTE VEDRA BEACH FL 3200 (City/State and Zip code)	4
(City/State and Zip code)	
For further information concerning this matter, please call:	
(Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\bigcup \$78.75 Filing Fee & \$\bigcup \$78.75 Filing Fee & Certificate of Status \$\bigcup \$60.00 Filing Fee & Certificate of Status \$\bigcup \$	s &

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. COAST TO COAST CONSULTING INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY USA 3. 22-3428819 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/06/1996 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7/4 in field 7. 50 CRAIG WOOD ROAD, Ste + 205 N. TO 7080 (Principal office address)
50 CRAIG WOOD ROAD Ste + 205 NITO 7080
(Principal office address)
PO BOX 3635 PONTE VEDRA BEACH FL 32004 (Current mailing address)
(Current mailing address)
8 TT. CONSULTING SERVICES
8. TT. CONSULTING SERVICES (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: VISWANATHAN SUBRAMANIAN / D/a/
hall Dando Hodra Cares Blod.
Name: <u>USWANATHAN</u> SUBRAMATIVIAN Office Address: <u>UISWANATHAN</u> SUBRAMATIVIAN Office Address: <u>UISWANATHAN</u> SUBRAMATIVIAN Office Address: <u>UISWANATHAN</u> SUBRAMATIVIAN Office Address: <u>UISWANATHAN</u> SUBRAMATIVIAN OFFICE ADDRA BEACH, Florida 32082 (City) (Zip code)
PONTE VEDRA BEACH, Florida 32082
(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.

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.

(Registered agent's signature)

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

A. DIREC	CTORS
Chairman:	VISWANATHAN SUBRAMANIAN
Address:	P.O. Box 3635
	PONTE UEDRA BEACH FL 32004.
	nan:
-	
Director:	
/ tuu/ 033	
Dimentoni	
Address:	ERS C
_	
B. OFFIC	ERS D
	VISWAMATHAN SUBRAMANIAN
	PO BUX 3635
_	PONTE VEDRA BEACH FL 32004
Vice Preside	ent:
Address:	
_	
Secretary: _	
Address:	
Address:	
Address	
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	VISWANATHAN SUBRAMANIAN, PRESIDENT
	(Typed or printed name and capacity of person signing application)



