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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

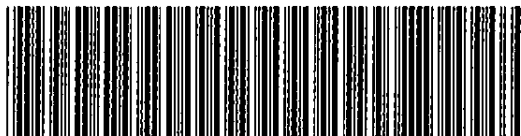
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09/04/09--01036--005 **78.75

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2009 SEP 21 P 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40283
68-586
9-23-09
cc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2009 SEP 21 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 8, 2009

JOHN A. MELIA
COAST ESCROW, CORP..
7255 SALISBURY RD., SUITE 5
JACKSONVILLE, FL 32256

SUBJECT: COAST ESCROW, CORP.
Ref. Number: W09000040283.

We have received your document for COAST ESCROW, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 709A00029790

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 SEP 21 PM 12:22

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2009 SEP 21 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Coast Escrow, Corp

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:

John A. Melia

Name of Person

Coast Escrow, Corp

Firm/Company

7255 Salisbury Road, Ste 5

Address

Jacksonville, FL 32256

City/State and Zip code

pshealy@jamstarservices.com

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

For further information concerning this matter, please call:

Paula D. Shealy

Name of Person

at (904) 405-1201

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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 Escrow, Corp

(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. California

(State or country under the law of which it is incorporated)

3. 16-1620913

(FEI number, if applicable)

4. 8/7/2002

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. none as of 7/28/09

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

7. 7255 Salisbury Road, Ste 5

(Principal office address)

Jacksonville, FL 32256

(Current mailing address)

8. Escrow Closing

(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:

CT Corporation System

Office Address:

1203 Governor's Square Blvd #101

Tallahassee

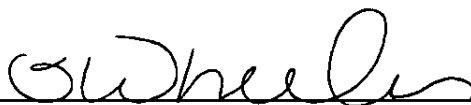
(City)

Florida 32301-2960

(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.

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2009 SEP 21 P 4 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: John A. Melia

Address: 7255 Salisbury Road, Ste 5

Vice Chairman: N/A

Address: _____

Director: John A. Melia

Address: 7255 Salisbury Road, Ste 5

Director: Glenn Stearns

Address: 4 Hutton Centre Drive, Ste 500

Santa Ana, CA 92707

B. OFFICERS

President: John A. Melia

Address: 7255 Salisbury Road, Ste 5

Jacksonville, FL 32256

Vice President: N/A

Address: _____

Secretary: Bob Telles

Address: 4 Hutton Centre Drive, Ste 500, Santa Ana, Ca. 92707

Treasurer: Bob Telles

Address: 4 Hutton Centre Drive, Ste 500, Santa Ana, Ca. 92707

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. John A. Melia

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

FILED
2009 SEP 21 P 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

COAST ESCROW, INC.

FILE NUMBER: C2461617
FORMATION DATE: 08/07/2002
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 17, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State