# F-18080003259

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

# COVER LETTER TO: **New Filing Section Division of Corporations** SUBJECT: Name of corporation - must include su Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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: Name of Person Firm/Company (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person 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

				amount

■ \$70.00 Filing Fee

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□ \$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

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	)
Coastal Callection Company INC.	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	<del></del>
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Complete Collection Company (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori	da)
2. <u>(FEORGIA</u> 3.	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	•
1. 06-17-2010 s. pepetual	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetua	l")
s. <u>not started in tiorida</u>	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
100 Williams Rd. Hines Wille Can	<u> 31313</u>
(Principal office address)	
P.O. Box 1764 Hinesville, Qa. 3131	٥
(Current mailing address)	
Collection of God det ====	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>"N</u>
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	20
Office Address: 21817 Dopree Drive	8: 16
hard O halles 1-L 2, Florida 39637	
(City) (Zip code)	
0. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at t lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this co	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of	•
and I am familiar with and accept the obligations of my position as registered agent.	
$\mathcal{A}()$	

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. DIRECTORS
A. DIRECTORS 20/0 Jun 20/0
Talan & Paine con 16 .
Address: 100 Williams Rd. ALLAHASSOF 8:46
Address: 100 Williams Rd.  Hines Ville, Georgia 31313
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: TAFREN B. PRICE
Address: 100 Williams Rd.
Hinesville, Georgia. 31313
Vice President:
Address:
, radioss.
Secretaria
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. TAFREN B. PRICE
(Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

# CERTIFICATE OF

2010 JUL 16 AM 8: 46
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

## **EXISTENCE**

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### COASTAL COLLECTION COMPANY INCORPORATED

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/17/2010 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of July, 2010

B: P.h

Brian P. Kemp Secretary of State

Certification Number: 6016964-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp