

F10000003512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

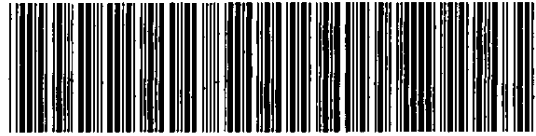
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800163729168

07/21/10--01002--002 \*\*1170.00

FILED  
10 AUG -2 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRB  
8/5

110-34269

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** COASTAL MARINE SERVICES, 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," 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:

PAMELA ROJAS

Name of Person

COASTAL MARINE SERVICES, INC

Firm/Company

1533-B WILSON AVENUE

Address

NATIONAL CITY, CA 91950

City/State and Zip code

PROJAS@COASTALMARINESERVICES.COM

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

For further information concerning this matter, please call:

PAMELA ROJAS

Name of Person

at ( 619 ) 291-8176

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG -2 PM 12:45

DIVISION OF CORPORATIONS

July 22, 2010

PAMELA ROJAS  
COASTAL MARINE SERVICES, INC  
1533-B WILSON AVENUE  
NATIONAL CITY, CA 91950

SUBJECT: CMSI CORPORATION  
Ref. Number: W10000034269

*Please see  
attached.*

*Thank you.  
Pam*

We have received your document for CMSI CORPORATION and your check(s) totaling \$1170.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II

Letter Number: 010A00017719

**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 MARINE SERVICES, INC**

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

**CMSI 1984 CORPORATION**

(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. 33-0164579**

(FEI number, if applicable)

**4. 9/27/1984**

(Date of incorporation)

**5. PERPETUAL**

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

**6. JUNE 2006**

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

**7. 1541 MAIN STREET #3, ATLANTIC BEACH, FL 32233**

(Principal office address)

**1533-B WILSON AVENUE, NATIONAL CITY, CA 91950**

(Current mailing address)

**8. FOR PROFIT CORPORATION, MARINE INSULATION**

(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: **RON JOY**

Office Address: **1089 ATLANTIC BLVD. #27**

**JACKSONVILLE**

(City)

**Florida 32233**

(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.*

*Ron L. Joy*  
(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.**

**FILED**  
10 AUG -2 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

FILED

10 AUG -2 PM 4: 41

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: HOWARD I GORDON

Address: 10825 REDLANDER WAY

LAKESIDE, CA 92040

Vice President: DAVID GORDON

Address: 6010 LUBBOCK AVENUE, LA MESA, CA 91942

Secretary: AMAD EDWARD BAGDASAR

Address: 3024 CALLE MESQUITE, JAMUL, CA 91935

Treasurer: PAMELA ROJAS

Address: 2371 FEATHER RIVER ROAD, CHULA VISTA, CA 91915

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

13. 

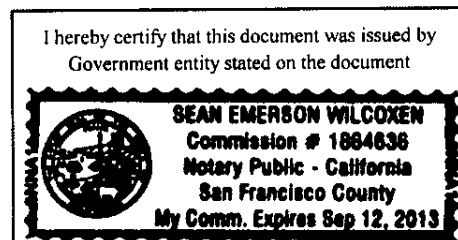
(Signature of Director or Officer listed in number 12 of the application)

14. PAMELA ROJAS, TREASURER/CONTROLLER

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

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**



3515

**ENTITY NAME:**

COASTAL MARINE SERVICES, INC.

**FILE NUMBER:** C1257834  
**FORMATION DATE:** 09/27/1984  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

**FILED**  
10 AUG -2 PM 4:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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 July 08, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State