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May 6, 2024

J.R. MCCULLIN 3062 ANN SMITH RD #103 BLUFFTON, SC 29910 US

SUBJECT: COASTAL SECURITY SERVICES INCORPORATED

Ref. Number: W24000070239

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

Your application is incomplete. You're missing page two of the application and you have no certificate attached.

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 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) 245-6051.

Andrea Andrews Regulatory Specialist II

Letter Number: 324A00009789

Pecid 20204 Jun 3

COVER LETTER

	istration Section sion of Corporations	·
SUBJECT	: COASTAL SECURITY S	ERVICE LNC.
	Name of corporation - must in	
Dear Sir or	Madam:	
"Certificate	d "Application by Foreign Corporation for Authorization of Existence," or "Certificate of Good Standing" and need foreign corporation to transact business in Flor	I check are submitted to register the ida.
Please return	all correspondence concerning this matter to the following	llowing:
	J. R. McMuccin	
	Name of Person	
	COASTA SECURI	14 DERVICES
	Firm/Company	5 . 4
	Name of Person Firm/Company 3063	mitt lo +103
_	Address Sleet F TON C City/State and Zip co JR Q COASTAL SECURITY	C -
	Bluff TON C)C39910
	City/State and Zip co	de
	JR Q COASTACSECURITY	SERVICESING, EM
	E-mail address: (to be used for future	annual report notification)
For further i	nformation concerning this matter, please call:	
J.R.M	Mucin at (843) 3.	38-6129 Daytime Telephone Number
Na	me of Person Area Code	Daytime Telephone Number
Reg Div The 241	REET/COURIER ADDRESS: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is Please make ☐ \$70.00 F	<u> </u>	re Filing Fee & 🏿 \$87.50 Filing Fee. d Copy 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. COASTAL SELLCITY SERVICES //JC (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. TOWA CARWINA 3. 20-384-0864
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/3006 5
4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
6. TBD WATTING FOR LICENSE
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability))
3062 ANIN SMITH ROAD #103 LYUFFTON
(Principal office street address) Sc. 39910
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: J. K. // C/MULL/M
Office Address: 1350 IMESON PARK BND
SACKSONVILLE, FIL 32018 33218
(City) (Zip code)
9. 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.
A. mcMill
(Registered agent's signature)
(Registered agent's signature)

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			I han:		
⊅ Chairman	Name: MUCHAREL MC MULLIN	□ Chairman	Name: Nontan McMul.		
□Vice Chairman	Address: 3063 / HULL SMITH RS	□Vice Chairman	Address: FOR FERRY PT.		
□Director	Dhuggor, SC 24910	Director	/ LUTON HEAD SETISE		
□President	UNIT #103	□President			
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary	Treasurer		
Other	Other	Other	Other		
□Chairman □Vice Chairman □Director 又President	Name JOHN MC PRILLEMA Address: 400 FEERLY AF JUNTON HEAD SC 29926	□Chairman □Vice Chairman □Director □President	Name: SHANNUN EGGERA Address: 3063 /ANN SMINI SLUGION SC2990		
☐ Vice President		□Vice President			
Secretary	□Treasurer	Secretary	□Treasurer		
□Other	□Other	□Other	Other		
□Chairman □Vice Chairman □Director	Name: M. M. C. MULL/MI Address: 3062 ANN SMITH/BD BLUTTON, S. 29910	☐ Chairman ☐ Vice Chairman ☐ Director	Name:		
□President		□President			
Vice President		□ Vice President			
Secretary	□Treasurer	Secretary	□Treasurer		
Other	Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing year Plorida Department of State Annual Report form. 12. Signature of Director or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in					
13 J.R. M. MULLIN					
(Typed or printed name and capacity of person signing application)					

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

COASTAL SECURITY SERVICES, INC, a corporation duly organized under the laws of the State of South Carolina on November 28th, 2005, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 22nd day of May, 2024.

Mark Hammond, Secretary of State