

N 04000009489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

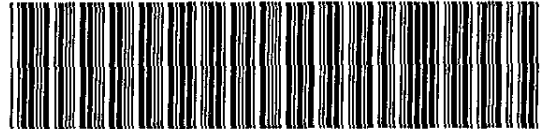
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEE PAGE 10

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: COASTAL SCHOLARSHIP FOUNDATION, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Barbara Whitehead
Name (Printed or typed)

7623 Baymeadows Circle W #2043
Address

Jacksonville FL 32256
City, State & Zip

904 448-5664
Daytime Telephone number

04 OCT -6 AM 11:48
RECEIVED
DIVISION OF CORPORATIONS
STATE OF FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

COASTAL SCHOLARSHIP FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7623 Baymeadows Circle West, #2043
Jacksonville FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Obtaining and granting scholarships and any other lawful purpose

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Annual meeting, nomination, discussion and vote

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Kelly McGill, President	Ryan McGill, Vice President	Barbara Whitehead, Sec/Tr
908 Stonehill Place	908 Stonehill Place	7623 Baymeadows Circle W #2043
St Augustine Fl 3209	St Augustine FL 32092	Jacksonville Fl 32256

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Barbara Whitehead
7623 Baymeadows Circle W #2043
Jacksonville FL 32256

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Whitehead
7623 Baymeadows Circle W #2043
Jacksonville FL 32256

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Barbara Whitehead
Signature/Registered Agent

10-5-04
Date

Barbara Whitehead
Signature/Incorporator

10-5-04
Date

04 OCT -5 AM 11:48

STATE OF FLORIDA
DIVISION OF CORPORATIONS