PODODOO 3698 TRANSMITTAL LETTER

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

DOOOO3090570--7 -01/06/00--01069--004 *****87.50 *****87.50

SUBJECT:	Coastal Bio System		TANGE OF TANGE	8
Enclosed is an	(Proposed EFFECTIVE DATE 1-3-00 original and one(1) copy of the		TARY OF STATE ARSSEE, FLORID	JAN -6 AM IO: 16
☐ \$70. Filing F	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FR	OM: Silvia J	ones		
		Name (Printed or typed)		••
	1 Blackf	1 Blackfoot Court		
		Address		
	Palm Coa	st, Fl 32137		
s "		City, State & Zip		
	(904)258	3-7748		

E CHESSER JAN 1 2 1999

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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The name of the corporation shall be:



Coastal Bio Systems, Inc II

ARTICLE II PRINCIPAL OFFICE

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

Principal Place of Business: 1475 Giles Street NW, Palm Bay, Fl 32907

Mailing Address: P O Box 353593, Palm Coast, Fl 32135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Silvia Jones 1 Blackfoot Court Palm Coast, Fl 32137

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Silvia Jones 1 Blackfoot Court Palm Coast, Fl 32137

ARTICLE VI

The Effective Date of Incorporation Shall Be: January 3, 2000

Signature/Incorporator

Tate

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

1/3 /2000 Date

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