

PO2000115694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

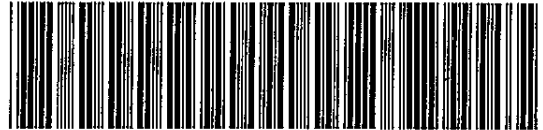
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TALLAHASSEE, FLORIDA

02 OCT 24 PM 5:14

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## TRANSMITTAL LETTER

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

**SUBJECT:** COASTAL MARKETING RESEARCH, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** KAREN N. LARSON  
Name (Printed or typed)

PO BOX 5367  
Address

HUDSON, FL 34674  
City, State & Zip

727-862-3119  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

COASTAL MARKETING RESEARCH INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PHYSICAL ADDRESS: 18610 WHITE PINE CIR., HUDSON, FL 34667

MAILING ADDRESS: PO BOX 5367, HUDSON, FL 34674

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SURVEYS AND MARKETING RESEARCH

### ARTICLE IV SHARES

The number of shares of stock is:

ONE (1)

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

KAREN N. LARSON, PRESIDENT

PO BOX 5367

HUDSON, FL 34674

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

KAREN N. LARSON

PO BOX 5367

HUDSON, FL 34674

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KAREN N. LARSON

PO BOX 5367

HUDSON, FL 34674

\*\*\*\*\*

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

Karen N. Larson  
Signature/Registered Agent

10-22-02  
Date

Karen N. Larson  
Signature/Incorporator

10-22-02  
Date

FILED

02 OCT 24 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA