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03 APR 15 AM 10:05  
DIVISION OF CORPORATION

FILED  
03 APR 15 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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April 15, 2003

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Coast to Coast Professionals, Inc.

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF INCORPORATION  
OF  
COAST TO COAST PROFESSIONALS, INC.**

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

**I.**

The name of the corporation shall be:

**COAST TO COAST PROFESSIONALS, INC.**

**II.**

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

**III.**

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

**IV.**

The corporation's principal office and registered office shall be:

**13940 S. Highway 475  
Summerfield FL 34491**

and the name of its initial Registered Agent at such address shall be:

**SUZANN L. SHIELDS**

**FILED**  
03 APR 15 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

V.

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

AMANDA HAYWOOD  
P.O. Box 354  
Anthony, FL 32617-0354

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed  
this 11<sup>th</sup> day of April, 2003.

  
AMANDA HAYWOOD

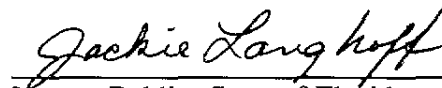
STATE OF FLORIDA  
COUNTY OF MARION

Before me, a Notary Public this day personally appeared AMANDA HAYWOOD, who is personally known to me or produced FL Drivers Lic. as identification, who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

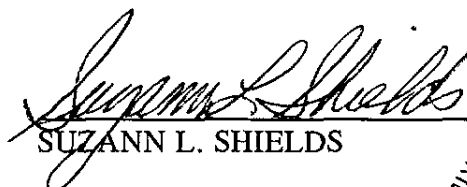
WITNESS my hand and official seal, this 11<sup>th</sup> day of April, 2003.



Jackie Langhoff  
MY COMMISSION # DD154546 EXPIRES  
December 19, 2006  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Notary Public, State of Florida  
My Commission Expires:

Having been named Registered Agent of COAST TO COAST PROFESSIONALS, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertains to the office of Registered Agent.

  
SUZANN L. SHIELDS

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