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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: COASTAL DEVELOPMENT CONSULTANTS, 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: JAMES R. ROBINSON  
Name (Printed or typed)

6280 SW 82 ST.  
Address

MIAMI, FL 33143  
City, State & Zip

305-668-0292  
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 DEVELOPMENT CONSULTANTS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6280 SW 82 ST. MIAMI, FL 33143

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATION OF A CONSULTING BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES ROBINSON, PRESIDENT, TREASURER

JOSE CALVO, VICE PRESIDENT, SECRETARY

## ARTICLE VI REGISTERED AGENT

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

JAMES ROBINSON

6280 SW 82 ST. MIAMI, FL 33143

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES ROBINSON

6280 SW 82 ST. MIAMI, FL 33143

\*\*\*\*\*  
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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA