

P04000062753

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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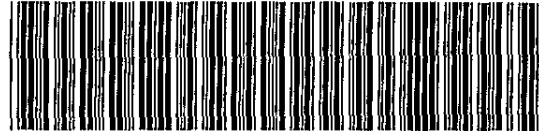
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 APR 15 AM 10:02

7004-13547

4/4/15

TRANSMITTAL LETTER

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

SUBJECT: Coastal Mortgage Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MILDRED J. CHAPMAN
Name (Printed or typed)

3929 BOB SIKES ROAD
Address

DEFUNIAK SPRINGS, FLORIDA, 32455
City, State & Zip

850-892-9369 or 850-685-0681
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 9, 2004

MILDRED J. CHAPMAN
3929 BOB SIKES FOAD
DEFUNIAK SPRINGS, FL 32435

SUBJECT: SHORELINE MORTGAGE, INCORPORATED
Ref. Number: W04000013599

We have received your document for SHORELINE MORTGAGE, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You need to delete any reference to licensed mortgage brokerage business.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 904A00022844

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 Mortgage Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3929 Bob Sikes Road
DeFuniak Springs, Fl. 32435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Broker Mortgage Loans

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President/CEO	Mildred J. Chapman
Sec./Tres.	William N. Chapman

ARTICLE VI REGISTERED AGENT

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

William N. Chapman
3929 Bob Sikes Road
DeFuniak Springs, Fl. 32435

ARTICLE VII INCORPORATOR

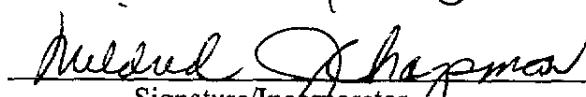
The name and address of the Incorporator is:

Mildred J. Chapman
3929 Bob Sikes Road
DeFuniak Springs, Florida 32435

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 William N. Chapman

April 15, 2004
Date


Signature/Incorporator Mildred J. Chapman

April 15, 2-04
Date

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