

P04000121362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

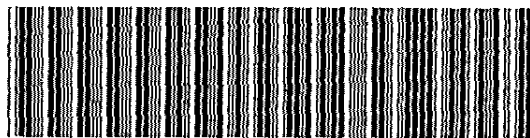
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000040277930

08/23/04--01012--007 \*\*70.00

RECEIVED  
SECRETARY OF STATE  
DIVISION 7  
04 AUG 23 AM 10:43

## TRANSMITTAL LETTER

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

**SUBJECT:** 1<sup>st</sup> Coast Financial Services Inc.  
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of Status

☐ \$78.75  
Filing Fee &  
Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy &  
Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Vincent Terlizzi  
Name (Printed or typed)

4337 Apple Tree Place  
Address

Jacksonville, Florida 32258  
City, State & Zip

904 742-8777  
Daytime Telephone Number

04 AUG 23 AM 10:43  
SECRET  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

04 AUG 23 AM 10:43

FILED  
STATE  
DIVISION OF REVENUE

### ARTICLE I

CORPORATE NAME: *The name of the Corporation shall be:*

*1<sup>st</sup> Coast Financial Services Inc.*

### ARTICLE II

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

*4337 Apple Tree Place  
JACKSONVILLE, FL 32258*

### ARTICLE III

PURPOSE: *The purpose for which the corporation is organized is to conduct assist customers in obtaining auto loans within accordance of the business laws for the State of Florida.*

### ARTICLE IV

AUTHORIZED CAPITAL STOCK: *The total number of shares of which the Corporation shall have the authority to issue is 30,000 shares, and the par value of each share shall be:*

*\$1.00/share*

*ARTICLE V  
INITIAL OFFICERS:*

*PRESIDENT: Vincent Terlizzi  
4337 Apple Tree Place JACKSONVILLE, FL 32258*

*ARTICLE VI*

*INITIAL REGISTERED OFFICE/AGENT: The street address of the Corporation's initial registered office in the State of Florida is:*

*4337 Apple Tree Place JACKSONVILLE, FL 32258  
and the name of its initial registered agent at such address is:*

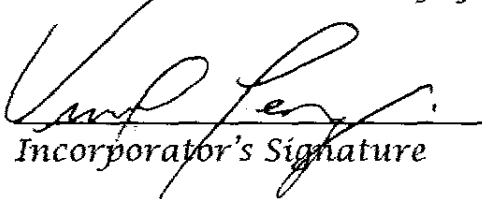
*Gary Place*

*ARTICLE VII*

*INCORPORATOR(S): The name and address of the incorporator(s) to theses Articles of Incorporation are:*

*Vincent Terlizzi  
4337 Apple Tree Place  
JACKSONVILLE, FL 32258*

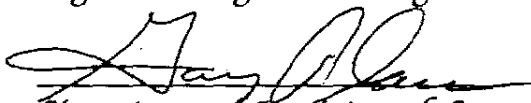
*The undersigned has executed these Articles of Incorporation on this, the 20<sup>th</sup> day of AUG. 2004*

  
Incorporator's Signature

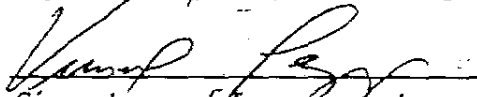
\_\_\_\_\_  
Incorporator(s)'s Signature

.....

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 of Registered Agent

8/22/04  
Date

  
Signature of Incorporator

8/20/04  
Date

04 AUG 23 AM 10:43  
FBI  
SERIALS  
DIVISION  
STATE