# P04000127287

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
\/
PICK-UP WAIT MAIL
/ \
(Business Entity Name)
(Business Entity Name)
(Document Number)
1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
111111111111111111111111111111111111111



700040720657

09/08/04 -- 01028--003 \*\*157.50

FILED
SECTIONS
SECTIONS
SECTIONS
SECTIONS
SECTIONS
SECTIONS
SECTION
SE

CHSEP-8 ANIO: 40

Office Use Only

CY 9

# TRANSMITTAL LETTER

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

SUBJECT:	COASTAL A1 CONSTRUCTION & REMODLING, INC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are a	n original and one (1) copy of the a	articles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status AL COPY REQUIRED	
FROM:	David M. Schaeffer	ame (Printed or typed)		
	35 Atlantic Avenue	ddress		
	St Augustine FL 32084	ity, State & Zip		
	(904) 814-7121	avtime 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 A1 CONSTRUCTION & REMODLING, INC.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 35 Atlantic Avenue St Augustine FL 32084

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Construction Contracting

# ARTICLE IV SHARES

The number of shares of stock is:

5,000

# INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addresses) and specific titles(s): David M. Schaeffer, President 35 Atlantic Avenue St Augustine FL 32084

## **REGISTERED AGENT**

The name and Florida street address of the registered agent is: David M. Schaeffer 35 Atlantic Avenue

St Augustine FL 32084

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donald J. Segui

2120 US 1 South, Suite 115

St Augustine FL 32086

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