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SECRETARY STATE
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A 9/8/21

Date: August 19, 2004

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

Re: <u>COASTAL SECURITY TITLE PROCESSING, INC.</u>				
(name of corporation)				
Gentlemen:				
Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$78.75.				
This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.				
Very truly yours,				
Audra M. Chandler				
Coastal Security Title Processing, Inc. (name of corporation)				
MAILING ADDRESS OF CORPORATION				
1451 Alameda Drive				
Spring Hill, Et. 34609				

(352) 585-3066

# TIME

## ARTICLES OF INCORPORATION

of

	COASTAL SECURITY TIT	TLE PROCESSING, INC.	
	(name o	f corporation)	<u> </u>
The undersigne corporation und	ed subscriber(s) to these Articles of Incorporate the laws of the State of Florida.	pration, natural person(s) competent to	contract, hereby form a
The name of the	ARTICLE I - Co e corporation is:	ORPORATE NAME	OH SEP SECKETY TALLAHA
	COASTAL SECURITY TITL	E PROCESSING, INC.	ASSE 48
	ARTICLE I	I – DURATION	r 77 /
This corporation	n shall exist perpetually unless dissolved ac	cording to Florida law.	AM IO: 5
	ARTICLE I	II – PURPOSE	DA 5
The corporation United States a	is organized for the purpose of engaging in	n any activities of business permitted ur	nder the laws of the
	ARTICLE IV -	CAPITAL STOCK	
The corporation 1.00			
The principal of	ice, if known, or the mailing address of the		
NAME	Coastal Security Title Processin		
ADDRESS	1451 Alameda Drive	M; 111-01	
CITY	Spring Hill	FLORIDA	ZIP 34609
The name and s	street address of the Initial Registered Agen		1
NAME	Audra M. Chandler		
ADDRESS	1451 Alameda Drive	· ·	
CITY	Spring Hill	FLORIDA	ZIP 34609
from time to time	shall have <u>1 (one)</u> directors initially. The by the By-Laws, but shall never be less th	BOARD OF DIRECTORS  e number of directors may be either included and one (1). The names and addresses	creased or diminished of the initial director(s)
NAME	n are as follows: Audra M. Chandler		
ADDRESS	1451 Alameda Drive		
CITY	Spring Hill	EL ODIDA	710 24000
	Shimi um	<u> FLORIDA</u>	ZIP 34609
NAME			
ADDRESS			·- <del></del>
CITY		ZIP_	
FORM 215: AR	TICLES OF INCORPORATION, PAGE 1"	PAGE 1	SEMINOLE-MIAMI

### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing the	ese Articles of Incorpor	ation are as follows:	
NAME Audra M. Chandler			·
ADDRESS 1451 Alameda Drive	<del></del>		
CITY Spring Hill	FLORIDA	ZIP	34609
NAME	<u> </u>		<del></del> -
ADDRESS	ا و در او در او در <u>هو اگر با محمد</u>		
SITY		ZIP	
NAME ADDRESS		<u> </u>	<del></del>
CITY		ZIP	
N WITNESS WHEREOF, the undersigned subscriber	<del>·</del>		2104
day of Hugust 2004	Judio	M. Chan	(Seal)
STATE OF FLORIDA	) ss		
OUNTY OF Hernando			
pefore me, a Notary Public authorized to take acknowled appeared:  Signature			bove, personally
Signature	<u> </u>	Form of Identification	•
known to me and known to be the person(s), who execu	executed these A	cles of Incorporation, what the control of the corporation of the corp	hat I relied upon
	<u> </u>		
Notary Rubber Stamp, Seal	Witness my band a	and official seal in the Cou	inhi and State
My Commission DD\$40844		. ^	
Expires July 25, 2008	last aforesald this.	318t day of the	gust 2004
	Notary Signature	ant a.	KANNA
	MARGA: Printed Notary Sign	ncer A.	LIWSKI

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

### COASTAL SECURITY TITLE PROCESSING, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1451 Alameda Drive		
Spring Hill, FL 34609	, ·	<u> </u>
has named Audra Chandler		
located at the aforesaid address, as its Registered Agent to a	cept service of proces	s
within this state		

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

FORM 215:

CERTIFICATE & ACKNOWLWDGEMENT REGISTERED AGENT

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