

POL00016857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

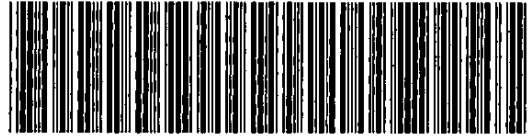
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200078208462

08/02/06--01021--021 **87.50

FILED
06 AUG -2 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/2/06

COVER LETTER

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

SUBJECT: COASTAL Service Personal Care, 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
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: MAL E. JONES
Name (Printed or typed)

2400 E. Las Olas Blvd. Suite 355
Address

FT. LAUDERDALE, FL. 33301
City, State & Zip

954-728-8367
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 Service Personal Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2400 E. Las Olas BLVD. Suite 355
FT. Lauderdale, FL. 33301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Personal Care

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mal E. Jones President
2400 E. Las Olas BLVD. Suite 355
FT. Lauderdale FL. 33301

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mal E. Jones
2400 E. Las Olas BLVD. Suite 355
FORT. Lauderdale FL. 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mal E. Jones
2400 E. Las Olas BLVD. Suite 355
FT. Lauderdale FL. 33301

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
06 AUG -2 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA