

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

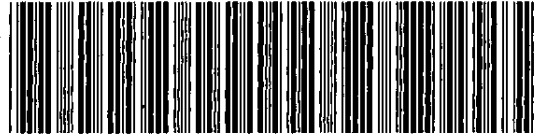
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300134068373

08/08/08--01029--017 \*\*87.50

FILED  
08 AUG - 8 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MR 8/8

## COVER LETTER

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

**SUBJECT:** Coastal Palms Resort Management, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kimberly R Finnegan  
Name (Printed or typed)

282 107th Ave # 101  
Address

Treasure Island, FL 33706  
City, State & Zip

727-367-1974  
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 Palms Resort Management, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

282 107th Ave #101  
Treasure Island, FL 33706

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Condominium Association management

### **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):

Kimberly R Finnegan President

### **ARTICLE VI REGISTERED AGENT**

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

Kimberly R Finnegan  
282 107th Ave #101  
Treasure Island, FL 33706

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

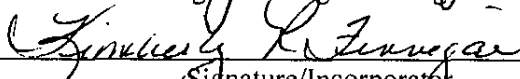
Kimberly R Finnegan  
282 107th Ave # 101  
Treasure Island, FL 33706

\*\*\*\*\*

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

7.30.08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7.30.08  
\_\_\_\_\_  
Date

FILED

08 AUG -8 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA