

P08000089400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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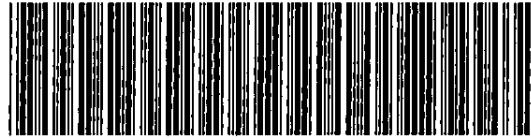
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
08 OCT -1 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 10/1/08

COVER LETTER

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

SUBJECT: Coastal Warehousing Services 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: Brenda Brennan
Name (Printed or typed)
126 Semoran Commerce Place, Suite B
Address
Apopka, FL 32703
City, State & Zip
407-880-6480
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 Warehousing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

126 Semoran Commerce Place, Suite B
Apopka, FL 32703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Warehousing Products

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brenda Brennan, President
126 Semoran Commerce Place, Suite B
Apopka, FL 32703

ARTICLE VI REGISTERED AGENT

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


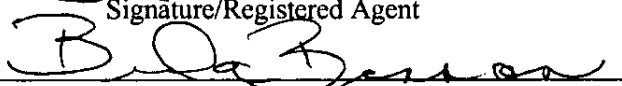
Brenda Brennan
126 Semoran Commerce Place, Suite B
Apopka, FL 32703

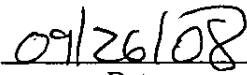
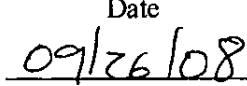
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brenda Brennan
126 Semoran Commerce Place, Suite B
Apopka, FL 32703

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

Signature/Incorporator


Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA