

P11000019173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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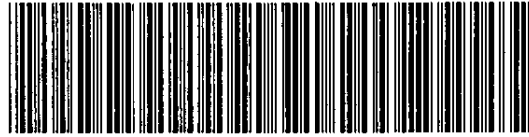
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 23 PM 1:49

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COVER LETTER

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

SUBJECT: Coastal Management & Billing, 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: Reina Gonzalez

Name (Printed or typed)

2261 N. University Dr. Suite 101

Address

Pembroke Pines, FL 33024

City, State & Zip

9542005298

Daytime Telephone number

reyna_gonzalez69@yahoo.es

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED
TALLAHASSEE, FLORIDA 32314

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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 Management & Billing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2261 N. University Dr. suite 101
Pembroke Pines, FL 33024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct any legal business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: one hundred shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Reina Gonzalez, President</u>	Name and Title: _____
Address: <u>2261 N. University Dr. suite 101</u>	Address: _____
<u>Pembroke Pines, FL 33024</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

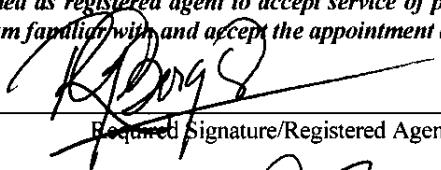
Name: Reina Gonzalez
Address: 2261 N. University Dr. suite 101
Pembroke Pines, FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maritza De La Torre
Address: 2261 N. University Dr. suite 101
Pembroke Pines, FL 33024

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

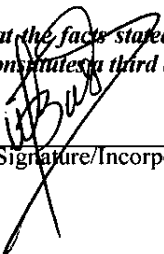


Required Signature/Registered Agent

Feb. 16, 2011.

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

Feb. 16, 2011.

Date

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