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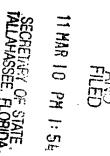
(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT:	Coastal Aquati	CS /NC. RATE NAME - MUST INCL	
	(PROPOSED CÓRPÓI	RÂTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the a	rticles of incorporation and	l 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 o Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _	Michael Me	ande Ville me (Printed or typed)	
_	523 Richard	Lackson Blud.	
_		Address Blach, FL 3 y, State & Zip	82407
_	850-276 8 Daytime	8 25 Telephone number	
	E-mail address: (to be u	st Corals @ Yahoo sed for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2011

MICHAEL MANDEVILLE 523 RICHARD JACKSON BLVD PANAMA CITY BEACH, FL 32407

SUBJECT: COASTAL OQUATICS INC.

Ref. Number: W11000009033

We have received your document for COASTAL OQUATICS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

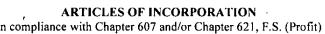
If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 211A00003905

www.sunbiz.org

D O DOV 6007 M-11-1---- D1---1- 0001





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ARTICLE I	NAME	Lusa Coast	al aquatics	1	11	MAR IO PH	1: 54
The name of the	corporation si	nali be: COASI	(1 adda 10	ine.	11	MAN TO FEE	1.04
<u>ARTICLE II</u>	523 Pana	PAL OFFICE cipal <u>street</u> address RICHARD MA CITY BE 24407	SackSon Blud. sich, FL			CREAD OF LAHASSEE. F	STATE LORIDA
ARTICLE III The purpose for	PURPOS	• • •	ized is:				
Saltu	vater and	l Freih wat	er aquarium	maintainenc	e and Ini	stallations.	
ARTICLE IV The number of si ARTICLE V Name and Address:	INITIAL Title: M 5a fa	is: 10,000 OFFICERS AN Chall Multi Bellhard Light Mama Ciny Be	Shard for DIOR DIRECTOI MALVILLE (Pres MIN Blud. MIN FL, 3243	and Title Address:	, duvidek fi	nto Stacks	04 100Share
Name and Address:	Title: gen	prebilent and 1 Reeves (1 5 Lighthouse ma CIH Beau Scretary	ierretary) le Road.	Name and Title Address:			
Name and	Title:			_ Name and Title	:		
Address:				Address: 			
ARTICLE VI The name and F Name: Address:	Torida street ೨ <u>೩</u> ೩೩	ACKANDA HAUNTING	NOT acceptable) of PAN. G. NAI	R CPA, C	nt is:	5	
ARTICLE VII The name and a Name: Address:	ddress of the	Incorporator is:	BANGINAIR GTON RISC N FL 32	CPA.	FF. AC	15	
	med as regisi	tered agent to acci	ept service of proces e appointment as re	ss for the above sta			signated in
-Ce	. don	auired Signature/R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	á) (4) (1)	 -
I submit this do document to the	cument and a Department o	affirm that the fac	cts stated herein are a third degree felor	e true. I am aware	that the false on s.817.155, F.S	information sub	mitted in a
	3-01-01	Pequired Signature	Incorporator			4 1/1/11	

Required Signature/Incorporator