P1100032948

| (Requestor's Name) | | | | | | |
|---------------------------|------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City | /State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates | of Status | | | | |
| Special Instructions to F | iling Officer: | | | | | |
| | | | | | | |
| | | | | | | |
| i. | | | | | | |

Office Use Only



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HO) WITEHOED TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED
DEPARTMENT OF STATE
OF CORPORATIONS

THE APR -5 AM 9 47
SECRETARY OF STAGE.

展 9:35

COVER LETTER

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

| SUBJECT: | COASTAL | | | | | |
|---|---|---|---|--|--|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | | | |
| \$70.00 \$78 Filing Fee Fili & 0 | 3.75 ng Fee Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | | | |
| | | | | | | |
| FROM: COASTAL CORNER TNC Name (Printed or typed) | | | | | | |
| 49 Hwy 98 Address | | | | | | |
| Panacea, FL, 32346 City, State & Zip | | | | | | |
| (850) 764-6444 Daytime Telephone number | | | | | | |
| ALLOFUS @ ANTHONY LARISCY, COM | | | | | | |

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 NA The name of the corpor | IME ation shall be: COASTA | CORNER | ITNC | APR -5 AM 9: 47 |
|--|--|---|--------------------------|---------------------------------------|
| ARTICLE II PR | Principal street address Hwy 42 ACGA, FL 32.346 | | Mailing addressSF di | Merentey of Stati Amassee, floodoa |
| · • | RPOSE 1 the corporation is organized is: | IL BUSIN | JESS | |
| ARTICLE V IN | of stock is: 3000 ITIAL OFFICERS AND/OR DIRE | CTORS | lo. | |
| | JAMET L GLARK, (P. 724 IVANNER RD. TALLAHASSEE, FL. 37 | 314 | | |
| Address: _ | TALLAHASSEE, FL. 32 | Address: | | |
| Address: _ - - | GISTERED AGENT | Address: | | |
| The <u>name and Florida</u> Name: Address: | TAULAHASSEE FC. 325 | | gent is: | |
| ARTICLE VII IN The name and address Name: Address: | CORPORATOR S of the Incorporator is: LEG A (AR)S(Y 724 TURNINGE 12) TAULAHASSEE FL, 3 | 2317 | | |
| this certificate, I am fa | registered agent to accept service of miliar with and accept the appointment Required Signature/Registered Age | t as registered agent an | d agree to act in this c | |
| I submit this documen | nt and affirm that the facts stated here timent of State constitutes a third degre | ein are true. I am awa e felony as provided fo | | mation submitted in a |
| | Required Signature/Incorporator | | _ _ | Date |