## P110000084254

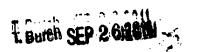
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



900212277819

09/23/11--01022--017 \*\*78.75



## **COVER LETTER**

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

SUBJECT: Coast to Coast Estates and Sales Inc.		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status  \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Brule and Laura Zalkh Name (Printed or typed)		
P.O. Box 327  Address		
Myakka City FC 34251 City, State & 25		
941) 322-0614 or (941) 302-0572		
CCCS+atesales @ aol. lom E-mail address: (to be used for future annual report notification)		

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) Coast to Coast Estates and Sales Inc. ARTICLE I NAME The name of the corporation shall be: PRINCIPAL OFFICE ARTICLE II Principal street address ARTICLE III PURPOSE The purpose for which the corporation is organized is: Sales ARTICLE IV SHARES 100 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS <u>ARTICLE V</u> Name and Title: Name and Title: Address: Address: Secretary Name and Title: Laura Address: Name and Title: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Address: 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 familjar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent 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