

P12000014877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

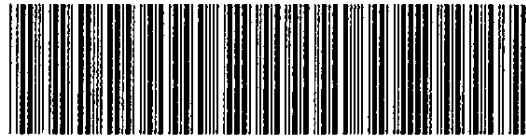
(Document Number)

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DIVISION OF CORPORATIONS

12 FEB -6 AM 11:06

RECEIVED

12 FEB 13 PM 2:49

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

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

SUBJECT: Coastal Elements Construction 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: Scott R Kurfist

Name (Printed or typed)

17-2 Uptown Grayton Circle

Address

Santa Rosa Beach, FL 32459

City, State & Zip

262-812-6753

Daytime Telephone number

scottkurf@aol.com

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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Coastal Elements Construction Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

17-2 Uptown Grayton Circle

Santa Rosa Beach, FL 32459

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction of new residential structures.

**ARTICLE IV SHARES**

The number of shares of stock is 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Scott R Kurfurst, President

Address: 17-2 Uptown Grayton Circle

Santa Rosa Beach, FL 32459

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: James F Accola, Secretary

Address: 17-2 Uptown Grayton Circle

Santa Rosa Beach, FL 32459

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: James F Accola

Address: 17-2 Uptown Grayton Circle

Santa Rosa Beach, FL 32459

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Thornton

Address: 216 Sky High Dune Drive

Santa Rosa Beach, FL 32459

*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

2/1/12

\_\_\_\_\_  
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

2/1/12

\_\_\_\_\_  
Date