

P120000036962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

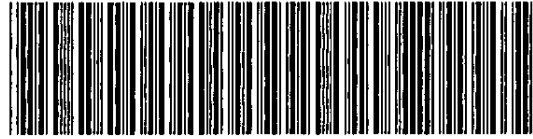
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~W12-17792~~

Office Use Only



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12 APR 18 PM 1:52

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1/4

## COVER LETTER

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

SUBJECT: Coastal Brokerage, 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: Kimberly Pilcher Kelley

Name (Printed or typed)

35 Carolynn Lane

Address

Santa Rosa Beach, FL 32459

City, State & Zip

850-225-6655

Daytime Telephone number

kim.kelley@ymail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2012

KIMBERLY PILCHER KELLEY  
35 CAROLYNN LANE  
SANTA ROSA BEACH, FL 32459

SUBJECT: COASTAL BROKERAGE, INC.  
Ref. Number: W12000017792

We have received your document for COASTAL BROKERAGE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00010558

# 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 Military Sales, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

Principal street address  
35 Carolynn Lane  
Santa Rosa Beach, FL  
32459

Mailing address, if different is:

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
military food sales

## **ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Kimberly Pilcher Kelley, President  
Address: 35 Carolynn Lane  
Santa Rosa Beach, FL  
32459

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

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

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:

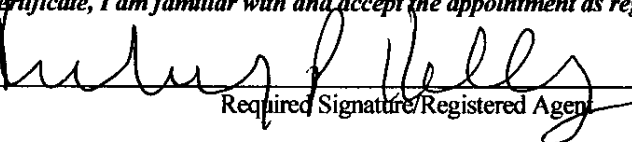
Name: Kimberly Pilcher Kelley  
Address: 35 Carolynn Lane  
Santa Rosa Beach, FL 32459

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Pilcher Kelley  
Address: 35 Carolynn Lane  
Santa Rosa Beach, FL 32459

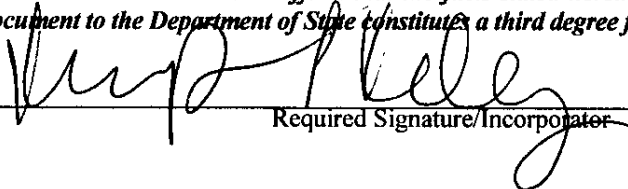
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

15 April 2012

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

15 April 2012

Date