P12000077587

| (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: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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W12-42956

MD 9/12

COVER LETTER

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

| SUBJECT: Coastal Accounting & Tax Corp (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | |
|---|--|--|--|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCI</u> | LUDE SUFFIX) | |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation an | d a check for: | |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status OPY REOUIRED | |
| | | | |
| FROM: Rachel B. Failla | (Printed or typed) | | |
| 8 Floyd Court | | | |
| Address | | | |
| Palm Coast, FL 32137 | State & Zip | | |
| 845-807-7054 Daytime Te | elephone number | | |
| rach125@yahoo.com E-mail address: (to be used | for future annual report | notification) | |
| | | | |

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

47000



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2012

RACHEL B. FAILLA 8 FLOYD COURT PALM COAST, FL 32137

SUBJECT: COASTAL ACCOUNTING & TAX CORP

Ref. Number: W12000042950

We have received your document for COASTAL ACCOUNTING & TAX CORP and your check(s) totaling \$78.75. 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 number of the name conflict is L08000103443 (COASTAL ACCOUNTING & TAX LLC).

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 012A00021188

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE 1 A | IAME Coastal Tax & Account | ting co. | |
|--|--|---|---|
| ARTICLE II P | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing a | address, if different is: |
| 8 F | lovd Court | | , |
| | lm Coast, FL 32137 | | |
| _ | | | |
| Engage in any | URPOSE ch the corporation is organized is: activity or business permitted unde | er the laws of the Uni | ted States and the State of |
| Florida. | | | • • |
| | | | 25 3 |
| | | | |
| | | | |
| ARTICLE IV S | HARES | | |
| The number of shares | | | 20 S S |
| The number of shares | OI SLOCK IS. TOO | - | |
| ARTICLE V II | NITIAL OFFICERS AND/OR DIRECTO | RS | |
| | ::Rachel B. Failla, President | | |
| Address: | 8 Floyd Court | | |
| redicts. | Palm Coast, FL 32137 | | |
| | Faill Guast, FL 32131 | | <u> </u> |
| | | - | |
| Name and Title | x | Name and Title: | |
| Address: | | | |
| | | | |
| | | | |
| | | | |
| Name and Title | : | Name and Title: | |
| Address: | | Address: | |
| | | | |
| | | | |
| | | | |
| | EGISTERED AGENT | | |
| The name and Florid | la street address (P.O. Box NOT acceptable) o | | |
| Name: | Rachel B. Failla | <u></u> | |
| Address: | 8 Floyd Court | <u> </u> | |
| | Palm Coast, FL 32137 | _ | |
| | | | |
| ARTICLE VII IN | | | |
| | ss of the Incorporator is: | | |
| Name: | Rachel B Failla | | • |
| Address: | 8 Floyd Court | _ | |
| | Palm Coast, FL 32137 | _ | |
| | as registered agent to accept service of proced amiliar with and accept the appointment as reg | | |
| -K1 | adul # Jalla. | | 8/13/2012 |
| | Required Signature/Registered Agent | | Date |
| | , | _ | |
| I submit this docume document to the Depa | ent and affirm that the facts stated herein are extracted of State constitutes a third degree felor | e true. I am aware that the ry as provided for in s.817.1. | false information submitted in a 55, F.S. |
| 4 | and of Kaille | | |
| | www o null | | 8/13/2012 |
| | Dequired Signature/Inggrounder | | Data |