

P/3000002601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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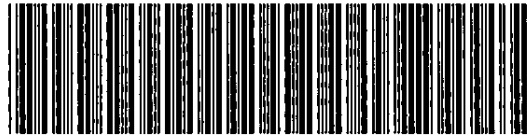
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PRIMMER

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JON R. EGGLESTON
ADMITTED IN VT
jeggleson@primmer.com
TEL: (802) 864-0880
FAX: (802) 864-0328

150 SOUTH CHAMPLAIN STREET P.O. BOX 1489 BURLINGTON, VT 05402

January 3, 2013

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Coastal Forest Products Consulting, Inc.

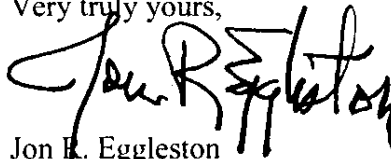
Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Incorporation for Coastal Forest Products Consulting, Inc. for filing along with our check in the amount of \$78.75 for the filing fee and a certificate of status.

Once you have complete processing the Articles, please return them to the undersigned in the self-addressed, postage prepaid envelope which is provided.

If you have any questions or require additional information, please feel free to contact me at your convenience.

Very truly yours,



Jon R. Eggleston
For the Firm

JRE/kc
B04523-00001\Doc #: 3

Enclosures

COVER LETTER

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

SUBJECT: Coastal Forest Products Consulting, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jon R. Eggleston, Esq.

Name (Printed or typed)

P.O. Box 1489

Address

Burlington, VT 05402

City, State & Zip

(802) 864-0880

Daytime Telephone number

jeggleston@primmer.com

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

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

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

ARTICLE I NAME

The name of the corporation shall be: Coastal Forest Products Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4479 South Atlantic Avenue
Ponce Inlet, FL 32127

Mailing address, if different is:
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting to forest product industry.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 common; \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald R. Lamell - Director, President
Address: 4479 South Atlantic Avenue
Ponce Inlet, FL 32127

Name and Title: _____
Address: _____

Name and Title: Sheila Grace Lamell, Secretary
Address: 4479 South Atlantic Avenue
Ponce Inlet, FL 32127

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:

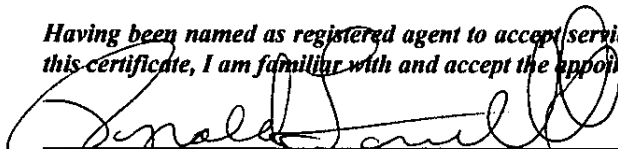
Name: Ronald R. Lamell
Address: 4479 South Atlantic Avenue
Ponce Inlet, FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Ronald R. Lamell
Address: 4479 South Atlantic Avenue
Ponce Inlet, FL 32127

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

12-27-2012
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

12-27-2012
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA