

P13000043847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

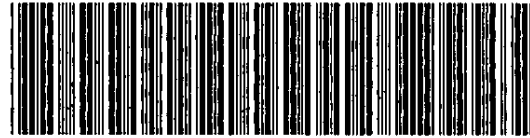
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/07/13--01017--001 **78.75

FILED
13 MAY 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2013

M. SOLOMON

COVER LETTER

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

RECEIVED
13 MAY -8 PM 3:35
DIVISION OF CORPORATIONS

SUBJECT: Coastal Media, 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: Hollis A. Langer

Name (Printed or typed)

318 Southwind Drive #20

Address

North Palm Beach, FL 33408

City, State & Zip

561-633-3363

Daytime Telephone number

hollis@seatimetv.com

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

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13 MAY 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be: **Coastal Media Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

318 Southwind Drive #20

North Palm Beach, FL 33408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Advertising & media services.**

ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hollis Langer, President

Address: 318 Southwind #20

North Palm Beach, FL 33408

Name and Title: _____

Address: _____

Name and Title: Brittany Ellis, Vice President

Address: 318 Southwind Drive #20

North Palm Beach, FL 33408

Name and Title: _____

Address: _____

Name and Title: Jacquelyn Smith

Address: 2021 E Social Row Road

Centerville, Ohio 45459

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: Hollis Langer

Address: 318 Southwind Drive #20

North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hollis Langer

Address: 318 Southwind Drive #20

North Palm Beach, FL 33408

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

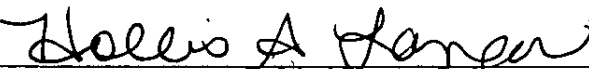


Required Signature/Registered Agent

January 1, 2013

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

January 1, 2013

Date

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13 MAY 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* Corrected forms attached



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 MAY 16 PM 12:27

DIVISION OF CORPORATIONS

May 8, 2013

HOLLIS A. LANGER
318 SOUTHWIND DRIVE #20
NORTH PALM BEACH, FL 33408

SUBJECT: COASTAL MEDIA, INC.
Ref. Number: W13000027280

FILED
13 MAY 16 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for COASTAL MEDIA, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please indicate number of shares in Article IV. Please have Required Signature of the Incorporator sign. Please resubmit all correspondence, including a copy of this letter, to our office at your earliest convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 513A00011403

Corrections have been made.
Forms attached.
Thank you.