

PI3000086328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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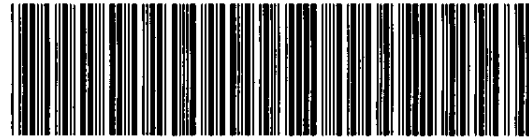
(Business Entity Name)

(Document Number)

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

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13 OCT 21 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 10/22

## COVER LETTER

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

**SUBJECT:** Crew Coast, 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:** Jonathan M. Palma, Esq.

Name (Printed or typed)

5510 Roosevelt Boulevard

Address

Clearwater, Florida 33760

City, State & Zip

(727)669-3909

Daytime Telephone number

jmpalma@palmalawgroup.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)

**ARTICLE I    NAME**

The name of the corporation shall be: Crew Coast, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5510 Roosevelt Boulevard

Clearwater, Florida 33760

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: outdoor marine environment clothing

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Christian Troy Jones, President

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

Address 212 Shore Drive

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

Palm Harbor, Florida 34683

Name and Title: Jonathan M. Palma, Vice President

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

Address 5510 Roosevelt Boulevard

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

Clearwater, Florida 33760

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

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

Address \_\_\_\_\_

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

(conti.)

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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ALLAHACSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Jonathan M. Palma

Address: 5510 Roosevelt Boulevard  
Clearwater, Florida 33760


**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jonathan M. Palma


Address: 5510 Roosevelt Boulevard  
Clearwater, Florida 33760

*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*

 JONATHAN M. PALMA  
Required Signature/Registered Agent

10/10/13  
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.*

 JONATHAN M. PALMA  
Required Signature/Incorporator

10/10/13  
Date