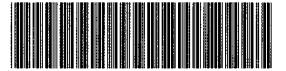
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

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

	ce Coast, Inc.
E NAME – <u>MUST INCL</u>	UDE SUFFIX)
les of incorporation and	i a check for:
\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
ldrace	
	Filing Fee & Certified Copy

Indialantic, FL 32903

321-729-0087

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

City, State & Zip

Daytime Telephone number

eldercarelaw@aol.com

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

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

ARTICLE II PR	INCIPAL OFFICE Principal street address	,	Mailing address, if different is:		
321 Sixth A	- ———	1	waning address, it different is:		
					
Indialantic,	FL 32901				
	 				
ARTICLE III PUI	PPOSE the corporation is organized is: any an	d all lawf	full business		
The purpose for which	the corporation is organized is:				
				2	- NEW 21
				BC	<u> </u>
				<u>(</u>	PA.
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ARTICLE IV SH The number of shares o	4RES 100			es	
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR			<u> </u>	
ARTICLE V IN		Name and Title:		<u> </u>	
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR e: Robin M. Petersen, Esquire			<u> </u>	
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR. Robin M. Petersen, Esquire President 321 Sixth Avenue	Name and Title:		<u> </u>	
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR c: Robin M. Petersen, Esquire President	Name and Title:		<u> </u>	
ARTICLE V INI Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR. Robin M. Petersen, Esquire President 321 Sixth Avenue	Name and Title: Address:			
ARTICLE V INT Name and Tit Address Name and Title	Robin M. Petersen, Esquire President 321 Sixth Avenue Indialantic, FL 32903	Name and Title: Address: Name and Title:			
Name and Title Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR. Robin M. Petersen, Esquire President 321 Sixth Avenue Indialantic, FL 32903	Name and Title: Address: Name and Title:			
ARTICLE V INT Name and Tit Address Name and Title	Robin M. Petersen, Esquire President 321 Sixth Avenue Indialantic, FL 32903	Name and Title: Address: Name and Title:			
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Name and Title Address Name and Title Address	Robin M. Petersen, Esquire President 321 Sixth Avenue Indialantic, FL 32903	Name and Title: Address: Name and Title: Address:			

. Name and	l Title:	Name and Title:	20 13 D8	EC -9	PM 3= 28
Address		Address: _			
		-			
,					
ARTICLE VI The name and Flo	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:		
Name:	Robin M. Petersen, Esquire				
Address:	321 Sixth Avenue				
1144.4551	Indialantic, FL 32903				
ARTICLE VII	INCORPORATOR				
The name and ad	dress of the Incorporator is:				
Name:	Robin M. Petersen, Esquire				
· Address:	321 Sixth Avenue				
	Indialantic, FL 32903				
Having been nam this certificate, I d	ned as registered agent to accept service of process um familiar with and accept the appaintment as reg Required Signature/Registered Agent	for the above stat istered agent and t	agree to act in	this cap	place designated in acity John Jace
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon Required Signature/Incorporator	true. I am aware i y as provided for it	that the false n s.817.155, F	informat F.S. <u> </u> Z/	tion submitted in a