

PIA000034456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

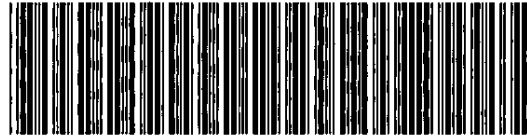
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200258001842

03/20/14--01012--004 \*\*78.75

FILED  
14 APR -9 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-18467

**\* COVER LETTER**

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

**SUBJECT: Costal Flood Insurance Consultants, 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: Scott Charlton**

Name (Printed or typed)

**935 N Beneva Rd, Suite 609-49**

Address

**Sarasota, FL 34232**

City, State & Zip

**813-784-8866**

Daytime Telephone number

**kscharlton@gmail.com**

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

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

**SCOTT CHARLTON**  
**ATTORNEY AT LAW**  
**935 N. BENEVA RD.**  
**SUITE 609-49**  
**SARASOTA, FL 34232**  
**PH & FAX (941) 364-9099**  
[kscharlton@gmail.com](mailto:kscharlton@gmail.com)

April 7, 2014

Ms. Jessica A Fason  
Regulatory Specialist II  
FL Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Coastal Flood Insurance Consultants, Inc.  
Ref no: W14000018467

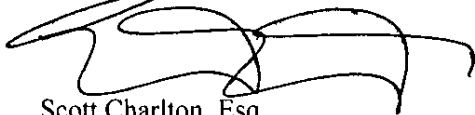
Dear Ms. Fason;

I really appreciate you catching the typo in the articles previously submitted. No matter how closely you proof read something you still miss the most obvious mistake.

Enclosed please find the original and two copies of the revised articles. Please let me know if you need anything further.

With best regards, I remain

Sincerely yours,



Scott Charlton, Esq.

SC:ks

## **ARTICLES OF INCORPORATION**

### **ARTICLE I**

**NAME:** The name of the corporation shall be "Coastal Flood Insurance Consultants, Inc."

### **ARTICLE II**

**PRINCIPAL OFFICE:** The address of the principal office is:

14225 Gulf Blvd  
Madeira Beach, FL 33708

### **ARTICLE III**

**PURPOSE:** The purpose for which this corporation is organized is to engage any business authorized by Florida Law.

### **ARTICLE IV**

**SHARES:** The number of shares of stock is 10.

### **ARTICLE V**

#### **INITIAL OFFICERS AND/OR DIRECTORS:**

Name and title: Michael Wyckoff, President and Director  
14225 Gulf Blvd.  
Madeira Beach, FL 33708

Name and title: Cherie Pattishall, Vice President, Treasurer and Director  
14225 Gulf Blvd.  
Madeira Beach, FL 33708

Name and title: Scott Charlton, Secretary and Director  
935 N. Beneva Rd, Suite 609-49  
Sarasota, FL 34232

FILED  
14 APR -9 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI**

**REGISTERED AGENT:** The name and address of the registered agent is:

Scott Charlton  
Attorney at Law  
935 N. Beneva Rd, Suite 609-49  
Sarasota, FL 34232

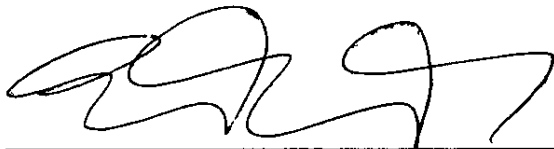
FILED  
14 APR -9 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII**

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:**

Scott Charlton  
Attorney at Law  
935 N. Beneva Rd, Suite 609-49  
Sarasota, FL 34232

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.



4/7/14

Required signature/Registered Agent

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 F.S.A. § 817.155.



4/7/14

Required signature/Incorporator

Date