

P14000046921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

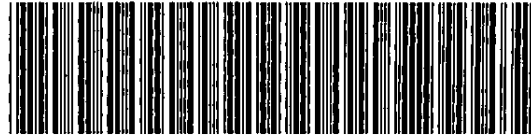
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2353-

W14000028881



500259791595

05/06/14--01011--024 \*\*78.75

FILED

14 MAY 29 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JP 6/2/14

## COVER LETTER

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

SUBJECT: **Coastal Grown 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: **James A. Martin Jr.**

Name (Printed or typed)

**8221 Kipling Street**

Address

**Pensacola, FL 32514**

City, State & Zip

**850-393-1955**

Daytime Telephone number

**gulfsidelandscapedesigns@gmail.com**

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

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

FILED  
14 MAY 29 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2014

JAMES A. MARTIN JR.  
8221 KIPLING STREET  
PENSACOLA, FL 32514

SUBJECT: COASTAL GROWN INC  
Ref. Number: W14000028881

RECEIVED  
14 MAY 29 AM 10:35  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00009771

FILED  
14 MAY 29 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Grown Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

8221 kipling street

pensacola florida 32514

Mailing address, if different is:

FILED  
14 MAY 29 AM 9:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: generate revenue from the sale of clothing,  
and additional items for profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: James Martin Jr. Pres

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

Address 8221 kipling street

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

Pensacola, FL 32514

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

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

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

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

(conti.)

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: 8221 kipling street JAMES MARTIN JR.

Address: pensacola florida 32514 8221 KIPLING ST.  
PENSACOLA, FLORIDA 32514

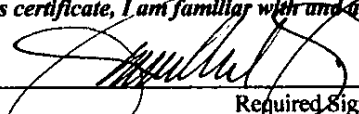
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James Martin Jr.

Address: 8221 kipling street  
pensacola florida

*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

4/22/14  
\_\_\_\_\_  
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

4/22/14  
\_\_\_\_\_  
Date

FILED  
14 MAY 29 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA