## P15000019896

(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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02/09/15--01037--010 \*\*78.75

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## **COVER LETTER**

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

SUBJECT: Coast Chassis Design		
(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	
FROM: Tim Christ	(Printed or typed)	
3592 Maribella Dr		
A	ddress	
New Smyrna Beac		3
City, S	State & Zip	
386-756-8001		
Daytime To	elephone number	
E-mail address: (to be used	for future annual report	notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2015

TIM CHRIST 3592 MARIBELLA DR NEW SMYRNA BEACH, FL 32168

SUBJECT: COAST CHASSIS DESIGN, INC.

Ref. Number: W15000011201

We have received your document for COAST CHASSIS DESIGN, 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 <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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.

Letter Number: 815A00003211

Carol Mustain Regulatory Specialist II

www.sunbiz.org

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

The name of the corporat	<u>le</u> ion shall be: Coast Chassis I	Design, Inc.		
•	vcipal office Principal <u>street</u> address n Road, Unit B1	Mailing addre	Mailing address, if different is:	
Edgewater,	FL 32132			
ARTICLE III PURI The purpose for which the components	pose he corporation is organized is: Design s, selling product, sales	ning, fabricating s and servicing	, providing race cars.	
			2015 H	
			FILE MAR -2 P AHASSEE	
ARTICLE IV SHA			H I: 35	
	rial officers and/or director Tim Christ, Owner	<u></u>		
Name and Title  Address	3592 Maribella Drive	Name and Title:  Address:		
	New Smyrna Beach, FL 32168			
Name and Title:		Name and Title:		
Address		_ Address:		
		<del></del>		
Name and Title:		Name and Title:		
Address		Address:		

Name and Tit	le:	Name and Title:	
Address		Address:	<u> </u>
		<del> </del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	
	GISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of the CAVALIERE		
Address: /2	5 LARAMIE DR.		
PAI	m Coast F1 3	137	
ARTICLE VII IN	CORPORATOR		
The name and addres	s of the Incorporator is:		
Name:	Tim Christ		
Address:	3592 Maribella Drive	_	
	New Smyra Beach, FL 32168		
	s registered agent to accept service of proces miliar with and accept the appointment as re		
feter	Required Signature/Registered Agent		0/03/15 Date
	nt and affirm that the facts stated herein are rtment of State constitutes a third degree feloi	true. I am aware that the	
Killy	Required Signature/Incorporator		3/4/15
	<ul> <li>Required Signature/Incorporator</li> </ul>		Date