015000028470

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SOFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DEPARTMENT OF STA

15 MR 27 PM 2:



COVER LETTER

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

_{SUBJECT:} Coasta	al Palms Resi	dential, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	and one (1) copy of the art	ticles of incorporation and	l a check for:
Filing Fee Fi	\$78.75 ling Fee Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: Ed H	Hines Name	e (Printed or typed)	
539	Wahoo Road		
		Address	
<u>Pana</u>	ama City Beac		alada kan milaka salaman sala 1881 da kan
(850) 541-6007	State & Zip	
edhin	es1980@comca	•	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)

TICLE II PI	RINCIPAL OFFICE Principal street address	Mailing address, if diff	erent is:
000 Thoma		P.O. Box 28124	
anama City	/ Beach, FL. 32408	Panama City Beach	n, FL 32411
	RPOSE n the corporation is organized is: Constru		•
<u> </u>			
TICLE V II	HARES of stock is: 1000		
TICLE V II		Name and Title:	
TICLE V II	IITIAL OFFICERS AND/OR DIRECTORS		
Name and T	IITIAL OFFICERS AND/OR DIRECTORS itle: Andrew A. Pace, Pres.	Name and Title:	2 19th of
Name and T Address	P.O. Box 28124 Panama City Beach, FL. 32411 Edward A. Hines Sec/Treas	Name and Title:Address:	HASSELLATION OF THE COLUMN OF
Name and T Address	P.O. Box 28124 Panama City Beach, FL. 32411 Edward A. Hines Sec/Treas	Name and Title:Address:	SCORPT OF THE PROPERTY OF THE
Name and T Address Name and Ti	P.O. Box 28124 Panama City Beach, FL. 32411 Edward A. Hines Sec/Treas	Name and Title: Address: Name and Title:	SCORPA CONTRACTOR OF THE CONTR
Name and T Address Name and Ti Address	P.O. Box 28124 Panama City Beach, FL. 32411 Edward A. Hines Sec/Treas 539 Wahoo Road	Name and Title: Address: Name and Title: Address:	SCHOOL HOLL



Addre		
	ss Address:	
RTICLE VI		
e <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of the registered a	agent is:
ame:	Andrew A. Pace	
ddress:	R.O. Box 28124 1000 Thomas Dr.	
	P.O. Box 28124 1000 Thomas Dr. Panama City Beach, FL. 32411 32408	(4)
RTICLE VI	I INCORPORATOR	
e name and	address of the Incorporator is:	·
ic name and	•	
Name:	Ed Hines	
Address:	539 Wahoo Road	
	Panama City Beach, FL. 32407	
		•
aving been no is certificate,	amed as registered agent to accept service of process for the above so I am familiar with and accept the appointment as registered agent and	nd agree to act in this capacity
aving been no is certificate, AND	I am familiar with and accept the appointment as registered agent a	nd agree to act in this capacity 3/27/15
is certificate, ANDZ	I am familiar with and accept the appointment as registered agent at Required Signature/Registered Agent	3/27/15 Date
is certificate, NOV submit this decument to the	Required Signature/Registered Agent ocument and affirm that the facts stated herein are true. I am awa to Department of State constitutes a third degree felony as provided for	and agree to act in this capacity 3/27/15 Date are that the false information submitted in
is certificate, NOV submit this decument to the	Required Signature/Registered Agent occument and affirm that the facts stated herein are true. I am awa to Department of State constitutes a third degree felony as provided for	and agree to act in this capacity 3/27/15 Date are that the false information submitted in
is certificate, NOV submit this de cument to the	Required Signature/Registered Agent ocument and affirm that the facts stated herein are true. I am awa	nd agree to act in this capacity 3/27/15 Date are that the false information submitted in for in s.817.155, F.S.
is certificate, AND submit this decument to the	Required Signature/Registered Agent occument and affirm that the facts stated herein are true. I am awa to Department of State constitutes a third degree felony as provided for	Date in s.817.155, F.S. 3/27/15 Date 3/27/15
is certificate, NOV submit this decument to the	Required Signature/Registered Agent occument and affirm that the facts stated herein are true. I am awa to Department of State constitutes a third degree felony as provided for	Date in s.817.155, F.S. 3/27/15 Date 3/27/15
s certificate, Livery Submit this decument to the	Required Signature/Registered Agent occument and affirm that the facts stated herein are true. I am awa to Department of State constitutes a third degree felony as provided for	Date in s.817.155, F.S. 3/27/15 Date 3/27/15

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