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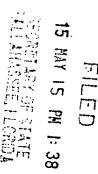
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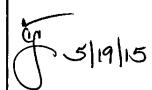
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COVER LETTER

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

SUBJECT:	SCACED CROSSED CORPORATE	es Coastal Irrdroporate						
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 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED						
FROM: Garry C. Smith Name (Printed or typed) 4248 S. Atlantic Avenue Address Wilbur by the Sea 72 32127 City, State & Zip 386 -481-3433 Daytime Telephone number								
	G-mail address: (to be used	lephone number Con 5 for future annual report notification 5 figinal and one copy of the articles 5 for future annual report notification 5 figure figure						

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

ARTICLE 1 NAME The name of the corporation shall be:	cen Crafters	Coastal	Incorpora
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address	s, if different is:
831 Railroad Street			
FORT ORANGE FL 32 ARTICLE III PURPOSE The purpose for which the corporation is organized.		in all	
lawful Business	related.	to the	
Specialty Structu	ire industr	٧.	
			m.i
			5. 5. 5. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
ARTICLE IV SHARES The number of shares of stock is:			FILED FILED
Name and Title: Colly C. Sm	OIRECTORS Ch, Presidentame and	: d Title:	္အာ့ က် ဆ
Address Ya48 S. A Wilbur by Florida	Alantic Aveaddress: Me Sea 32127		
Name and Title:		d Title:	
Address	Address:		
Name and Title:		1 Title:	
Address	Address:		

Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Melanie Eddington Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: All and All an	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: All and All an	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: All and All an	
Name: Melanie Eddington	
11148 C AM2-12 A12	
Address 4248 S AA/OUTER ALID	
Address: 70 10 3. HA CUTHE AVE	
Willow by the Sea TL 32127	
ARTICLE VII INCORPORATOR	5 HAY 5
The <u>name and address</u> of the Incorporator is:	- S
Name: Garry C. Smith	
Address: 4248 S. Affantiz Ave Willow by the Sea FL 32127	1 3g
Willow by the dea the said	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: May 18 205 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days	prior or 90 business
days after the filing.)	-
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this dathe document's effective date on the Department of State's records.	ite will not be listed as
Having been named as registered agent to accept service of process for the above stated corporation at this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	the place designated in s capacity
Required Signature/Registered Agent	/12/15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are true. I am aware that the false info document to the pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.	rmation submitted in a
	-/-/-
Required Signature/Necoporator	5/12/15