

15023094767

(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



100279076731

11/16/15--01021--003 **70.00

FILED
15 NOV 16 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: COASTAL HEDGING SERVICES, 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: RICHARD A. VARTIGIAN

Name (Printed or typed)

2345 14TH AVENUE, SUITE 3

Address

VERO BEACH, FL 32960

City, State & Zip

772-492-3088

Daytime Telephone number

SENIORSTAX@HOTMAIL.COM

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

ARTICLE I NAME

The name of the corporation shall be: COASTAL HEDGING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3109 SOUTH 21ST STREET

FT. PIERCE, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: TWO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAY LYNN II, PRESIDENT

Name and Title: _____

Address 3109 SOUTH 21ST STREET

Address: _____

FT. PIERCE, FL 34982

Name and Title: SHILOH D. LYNN, VICE-PRESIDENT

Name and Title: _____

Address 3109 SOUTH 21ST STREET

Address: _____

FT. PIERCE, FL 34982

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
15 NOV 16 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: RICHARD A. VARTIGIAN

Address: 2345 14TH AVENUE, SUITE 3

VERO BEACH, FL 32960

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: RICHARD A. VARTIGIAN

Address: 2345 14TH AVENUE, SUITE 3

VERO BEACH, FL 32960

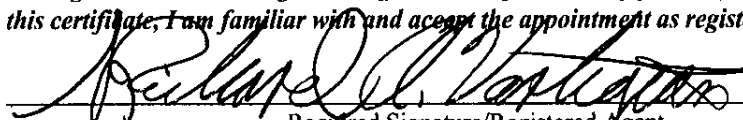
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 . (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/12/2015

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

11/12/2015

Date