

P17000019203

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170000595963)))



H170000595963ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Gulf Coastal Management, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED
17 MAR -2 PM 4:48
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FILED
17 MAR -3 AM 8:49
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

MAR 03 2017

COVER LETTER

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

SUBJECT: Gulf Coastal Management, 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: Chris Fox

Name (Printed or typed)

15300 Barranca Parkway, Suite 150

Address

Irvine, California 92618

City, State & Zip

(949)299-5420

Daytime Telephone number

chris@mpointcapital.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)

FILED

17 MAR -3 AM 8:49

ARTICLE I NAMEThe name of the corporation shall be: Gulf Coastal Management, Inc.SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address
1038 Belcher Road S., Largo, FL 33771Mailing address, if different is:
15300 Barranca Parkway, Suite 150
Irvine, California, 92618**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Management of business operations of various business entities, and
to engage in any lawful activity for which a corporation may be incorporated under the Florida Statutes.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Chris Fox, PresidentAddress: 15300 Barranca Parkway, Suite 150
Irvine, CA 92618Name and Title: Chris Fox, Board DirectorAddress: 15300 Barranca Parkway, Suite 150
Irvine, CA 92618

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Chris Fox
Address: 15300 Barranca Parkway, Suite 150
Irvine, CA 92618

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

By: _____
C T Corporation System
Required Signature/Registered Agent

LAUREN KREATZ
VICE PRESIDENT

3/2/17
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

3/1/17
Date