

P/7000020251

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17 MAR -6 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/08/17

COVER LETTER

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

SUBJECT: Coast Salish Properties, 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: James L. Crismond

Name (Printed or typed)

903 Defender Court W.

Address

Jacksonville, Florida 32233

City, State & Zip

904-671-3168

Daytime Telephone number

jim.crismond@comcast.net

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: Coast Salish Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

903 Defender Court W.

Jacksonville, Florida 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Commercial Real Estate development and Property Management.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000,000.(1 million)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Crismond CEO/President

Name and Title: Carol Crismond CFO/V.P. Finance

Address 903 Defender Court W.

Address: 903 Defender Court W.

Jacksonville, Florida 32233

Jacksonville, Florida 32233

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: James L. Crismond
Address: 903 Defender Court W.
Jacksonville, Florida 32233

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: James L. Crismond
Address: 903 Defender Court W.
Jacksonville, Florida 32233

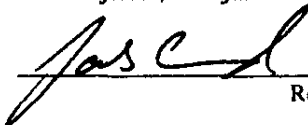
ARTICLE VIII EFFECTIVE DATE:

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

 / James L. Crismond
Required Signature/Registered Agent

3/1/2017
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.

 / James L. Crismond
Required Signature/Incorporator

3/1/2017
Date