

P19000035432

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H19000136568 3)))



H190001365683ABC6

**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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (888)692-9256

**\*\*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**  
**East Coast Investments, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

M SIMMONS

APR 26 2019

2019 APR 26 PM 1:3

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19 APR 26 PM 3:54  
ALLA SHER, FLORIDA

## TX Result Report

P 1

04/25/2019 13:58

Serial No. AA6T011003486

TC: 12241

Addressee	Start Time	Time	Prints	Result	Note
8506176381	04-25 13:57	00:00:41	003/003	OK	

## Note

TAB: Tab TX, PCL: Polling, ORG: Original Size Setting, FME: Frame Error TX,  
 DSD: Page Separation Error, BLS: BLS Original TX, CALL: Manual TX, CASC: CASC  
 PPO: Forward, PFIAC: FAX, BPS: Double-sided Binding Direction, SP: Special, Original,  
 FCODE: F-code, RTIME: TX, BLS: BLS, MEX: Confidential, BUL: Bulletin, SIP: SIP Fax,  
 IPPO: IP Address Fax, I-FAX: Internet Fax

## Result

OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF,  
 TEL: RX from TEL, NS: Other Error, CONC: Continue, No Ans: No Answer,  
 Refuse: Receipt Refused, Busy: Busy, H-Full: Memory Full, LOVR: Receiving length Over,  
 PWR: Receiving page Over, FFI: File Error, OC: Decode Error, MRM: MRM Response Error,  
 DSN: DSN Response Error, Print: Compulsory Memory document Print,  
 DEL: Compulsory Memory document Delete, SEND: Compulsory Memory document Send.

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*Handwritten signature: Zaid Regus*

## 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: East Coast Investments, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6601 Paul Mar Drive

6601 Paul Mar Drive

Lake Worth, FL 33462

Lake Worth, FL 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 100, Common \$1.00 PV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martin Joseph Zareadoulas - Director

Name and Title:

Address

6601 Paul Mar Drive

Address:

Lake Worth, FL 33462

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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19 APR 26 PM 3:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Martin Joseph Zarcadoolas  
 Address: 6601 Paul Mar Drive  
 Lake Worth, FL 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Martin Joseph Zarcadoolas  
 Address: 6601 Paul Mar Drive  
 Lake Worth, FL 33462

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 TALLAHASSEE, FLORIDA

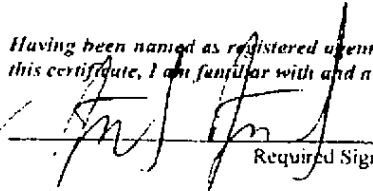
**ARTICLE VIII EFFECTIVE DATE:**

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.

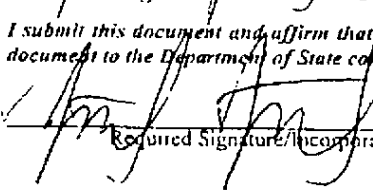
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 Required Signature/Registered Agent

04/15/2019

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

04/15/2019

Date