

# P19000037384

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.**

((H19000150072 3)))



H190001500723ABCZ

**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 : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215)563-8113  
Fax Number : (215)977-9386

19 MAY -5 PM 2:15

FILED  
MAY 06 2019  
DIVISION OF CORPORATIONS

**\*\*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  
PLJ COASTAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

C RICO  
MAY 06 2019

(((H190001500723)))

**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: PLJ COASTAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
2700 N. Federal Highway, Unit 409

Mailing address, if different is:

Boynton Beach, FL 33435**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Johnna Pomasan, DirectorAddress: 2700 N. Federal Highway, Unit 409  
Boynton Beach, FL 33435Name and Title: Johnna Pomasan, PresidentAddress: 2700 N. Federal Highway, Unit 409  
Boynton Beach, FL 33435Name and Title: Johnna Pomasan, SecretaryAddress: 2700 N. Federal Highway, Unit 409  
Boynton Beach, FL 33435Name and Title: Johnna Pomasan, TreasurerAddress: 2700 N. Federal Highway, Unit 409  
Boynton Beach, FL 33435

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(((H190001500723)))

FILED  
DIVISION OF CORPORATIONS  
19 MAY -5 PM 2:15

(((H190001500723)))

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: Johnna Pomasan  
Address: 2700 N. Federal Highway, Unit 409  
Boynton Beach, FL 33435

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is

Name: Johnna Pomasan  
Address: 2700 N Federal Highway, Unit 409  
Boynton Beach, FL 33435

**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*

X J. Pomasan  
Required Signature/Registered Agent

X 4/25/19  
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.*

X J. Pomasan  
Required Signature/Incorporator

X 4/25/19  
Date

(((H190001500723)))