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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

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FLORIDA PROFIT/NON PROFIT CORPORATION
COASTAL PLATINUM SERVICES INC.

Certificate of Status	0
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T. SCOTT
MAR 24 2022

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Electronic Filing Menu Corporate Filing Menu Help

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 PLATINUM SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4656 WILLOW WOOD CIRCLE

SARASOTA, FL 34241

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: APPRAISER

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD HARRIS, PRES.

Address 4656 WILLOW ROAD CIRCLE

SARASOTA, FL. 34241

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 AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: RICHARD HARRIS

Address: 4656 WILLOW WOOD CIRCLE

SARASOTA, FL 34241

ARTICLE VII INCORPORATOR

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

Name: STEPHAN MONEREAU

Address: 100 WALL STREET STE 503

NEW YORK, NY 10005

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

_____ 03/22/2022

Required Signature/Registered Agent 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.

_____ 03/22/2022

Required Signature/Incorporator Date