5/1u/23, 5:53 PM

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6381

From:

Account Name : GAEL SERVICES CORP

Account Number : I20230000060 : (305)903-7797 : (786)615-3110 Fax Number

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

FLORIDA PROFIT/NON PROFIT CORPORATION

COASTAL APPRAISAL SOUTH INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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 corporat	ion shall be: <u>Coastal</u>	Appraisal	South,	Inc	
ARTICLE II PRINC		· ·	Mailing address, if		_
	Village.FL 3				<del></del>
			lawful bu	15in <i>es</i> s	_
					_
					<del></del> -
					<u> </u>
ARTICLE IV SHAR The number of shares of	<u>ES</u> stock is: <u>100</u>				
ARTICLE V INITI	AL OFFICERS AND/OR DIREC	_			
Name and Titl	<u>George Hernar</u>	ndez Rame and T	itle:		_
Address	7910 Harbor Isl	and Dr Address:			
	Apt # 1003				
	North bay Vill	age, FL 33141			
Name and Title	: Patricia E Ro	diquez Name and T	itle:		
Address	7910 Harbor Is				
	Apt # 1003			023 MAY SECRET	
		lage, FL 33141		-LETT-	7
	·	•		RY C	
Name and Title	e:	Name and T	iue:	1177 <b>28</b>	Ö
Address				8: 03	_ ~
		<u></u>		<u> </u>	
		<del></del>			

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: George Herna	ndez
Address: 7910 Harbor I	Esland Dr, Apt #1003
North bay Vil	lage, F/ 33141
ARTICLE VII _ INCORPORATOR	
The name and address of the Incorporator is:	
Name: Jeorge Herr	andez
Address: 7910 Harbor	Island Dr, upt # 1003
North bay V	illage, FL 33141
filing.)	neet the applicable statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept the	service of process for the above stated corporation at the place designated in this pintment as registered agent and agree to act in this capacity
certificate, I am jumipar with that accept the appo	5/10/2023
Required Signature/Re	
I submit this document and affirm that the facts document to the Department of State constitutes of	s stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
	5/10/2023
Required Signature/Incorporator	Date S 22
	SECRETARA TALLAHA
	AA Y
	AM 8: 03 SEE, FL
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