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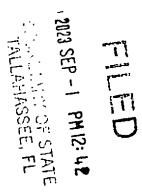
(Requestor's Name)				
(Addre	ess)			
(Addre	ess)			
(City/State/Zip/Phone #)				
☐ PICK-UP	MAIT	MAIL		
(Busin	ess Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
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T. MATTHEWS SEP 18 2023

COVER LETTER

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

SUBJECT:	Green Coast Holding Services Co.			
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
	TAVAS, LLC			
FROM:		(Printed or typed)		
	3850 N Wilke Road			
	<u> </u>	Address		
	Arlington Heights, IL (
	(800) 595-4176	State & Zip		
	,	clephone number		
	whitney@greencoastexte			
	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)

FILED

ARTICLE I The name of the	<u>NAME</u> e corporation shall be:	Coast Holding Services Co.	
	•		12023 SEP - 1 PH 12: 42
ARTICLE II	PRINCIPAL OFFICE Principal street address	Ν	Mailing address, if different is: F STATE
120_15th	h St NW		TALLAHASSEE, FL
	FL 34120		
ARTICLE III The purpose fo	PURPOSE or which the corporation is organized in	s: to act as a holding company	
ARTICLE IV The number of	SHARES shares of stock is:1,000 (See Exhibi		
Name	and Title: Jerramy Johnson, Direct	or Name and Title:	Whitney Johnson, Director
Addre	20 15th St NW	Address:	120 15th St NW
	Naples, FL 34120		Naples, FL 34120
	and Title: Christina Bruce, Director	N 1770	
	100 1-1 0 1911		
Addre	Naples, FL 34120	Address:	
Name :	and Title:	Name and Title:	
Addre	ess	Address:	

Name and	Title:	Name and Title:	
Address		Address:	
	·		
	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptal Whitney Johnson	le) of the registered agent is:	
Address:	120 15th St NW		
	Naples, FL 34120		
ARTICLE VII - I	NCORPORATOR		
	iress of the Incorporator is:		
Name:	Whitney Johnson		
Address:	120 15th St NW		
	Naples, FL 34120		
ARTICLE VIII	EFFECTIVE DATE:		
	ther than the date of filing: te is listed, the date must be specific and	(OPTIONAL) cannot be more than five days prior or	90 days after the
filing.) Note: If the date i	nserted in this block does not meet the appl	cable statutory filing requirements, this d	ate will not be listed as
	fective date on the Department of State's rec		
Having been name	ed as registered agent to accept service of pro miliar with and accept the appointment as re	cess for the above stated corporation at the	place designated in this acity
// h	1-1-1-1	,	8-22-23
	Required Signature/Registered Agen	1	Date
I submit this docu	ment and affirm that the facts stated herei epartment of State constitutes a third degree	n are true. I am aware that the false info felony as provided for in s.817.155, F.S.	ormation submitted in a
(/1)		,	7-22-23
Required Signatur	e/Incorporator	Date	
	$($ $/ \bigcirc$		