

P24000056090

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.

(((H24000292630 3)))



H240002926303ARC

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
COASTAL CAPITAL LENDING CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 AUG 30 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 30 PM 5:07

FILED

second Request

MS

MAA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: COASTAL CAPITAL LENDING CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
8011 NW 175TH ST
HIALEAH, FL 33015Mailing address, if different is:
8011 NW 175TH ST
HIALEAH, FL 33015**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YUSVANY MENA

Name and Title: _____

Address PRESIDENT

Address: _____

8011 NW 175TH STHIALEAH, FL 33015

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2013 AUG 30 PM 5:07
CLERK OF DISTRICT COURT
HIALEAH, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YUSVANY MENA
Address: 8011 NW 175TH ST
HIALEAH, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YUSVANY MENA
Address: 8011 NW 175TH ST
HIALEAH, FL 33015

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 (08/23/2024)
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 (08/23/2024)
Date

FILED
24 AUG 30 PM 5:07
CLERK OF STATE
TALLAHASSEE, FLORIDA