

TRANSMITTAL LETTER

Division of Corporations  
P.O. Box 3200  
Tallahassee, FL 32314

**PA6000081075**

SUBJECT: COASTAL SPECIALTY INC  
(Proposed corporate name - must include suffix)

300001959053  
-09/27/96--01049--003  
\*\*\*\*131.25 \*\*\*\*131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: JAMES B. HALL  
Name (printed or typed)

34162 OAK HAMMOCK DR.  
Address

RIDGE MANOR, FL, 33523  
City, State & Zip

352-583-2044  
Daytime Telephone number

FILED  
96 SEP 27 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

COASTAL SPECIALTY INCORPORATED

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

34162 OAK HAMMOCK DR.  
RIDGE MANOR, FL, 33523

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES B. HALL  
34162 OAK HAMMOCK DR.  
RIDGE MANOR, FL, 33523

FILING FEE: \$70.00

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

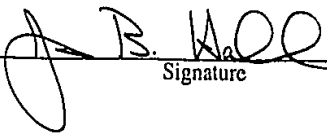
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JAMES B. HALL  
39162 OAK HAMMOCK DR.  
RIDGE MANOR, FL, 33523

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1<sup>ST</sup> day of SEPTEMBER, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: COASTAL SPECIALTY INCORPORATED

2. The name and address of the registered agent and office is:

JAMES B. HALL  
(NAME)

34162 OAK HAMMOCK DR.  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

RIDGE MANOR, FL, 33523  
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

J.B. Hall  
(SIGNATURE)

9-1-96  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314