10 ORANSMITHTAL LIGHT 878

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

SUBJECT:

COASTAL CAFE, INC.

(Proposed corporate name - must include suffix)

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: Craig R. Rathbun

Name (Printed or typed)

739-G North Drive

Address

Melbourne, FL 32934

City, State & Zip

(407) 752-1199

Daytime Telephone number

AUG 4. 4: BSB

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

FILED

ARTICLES OF INCORPORATION

97 JUL 31 AM 8:00

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLA AL MARIDA

ARTICLE I NAME

The name of the corporation shall be:

COASTAL CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

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

739-G North Drive Melbourne, FL 32934

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Craig R. Rathbun 739-G North Drive Melbourne, FL 32934

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Craig R. Rathbun 739-G North Drive Melbourne, FL 32934

Signature Incorporator

Date

<u> Қанғарыны жылық жылы</u>

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

Signature/Registered Agent

Date