P9800073502

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 400002612334--5 -08/11/98--01006--002 *****70.00 ******70.00

SUBJECT:	Constal	COMMUNICATION	Service	Corporation
_		ornorate name - must include suffix)		•

Enclo	sed is an origina	l and one (1) co	py of the articles of incorporation and a check
ю.	X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee & Certified Copy & Certificate Additional Copy Required \$2 7 7
	FROM:		
		850-6	A.F.B. 71 32542 by, State & Zip 051 - 4207 or 850-651 9069 Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 13, 1998

TINA NEMCIK 54 D HATCHEE RD. EGLIN A.F.B., FL 32542

SUBJECT: COASTAL COMMUNICATION ANSWERING SERV

Ref. Number: W98000018504

We have received your document for COASTAL COMMUNICATION ANSWERING SERV and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You've failed to give us the Corporate name in Article I. Please make sure that the Corporate name is completed with a Corporate suffix, such as CORPORATION CORP., COMPANY, CO., INC., AND INCORPORATED. The name of the Corporation must be idential throughtout the document. On Article IV we need the Registered Agent's name and address.

The name of the entity must be identical throughout the document.

You must list the corporation's principal office and/or a mailing address in the document.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

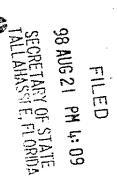
If you have any questions concerning the filing of your document, please call (850) 487-6927.

Letter Number: 598A00042218

Tracy Smith Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 COMMUNICATION SERVICE CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

COASTAL COMMUNICATION Service CORPORATION

1455 S. FERDON BIND D-3

CRESTVIEW, FL 32539

ARTICLE III SHARES

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

3 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tina Nemcik 1455 s. Ferdon Blrd D-3 Crestriew, 71 32539

ARTICLE V INCORPORATOR(S)

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

TINA Nemcik
54 D HAtchee Rd
AGIIN AFB. 7132542
Alison Parkinson
54 D HAtchee Rd
Eglin A.F.B. 71 32542
June Boswell
335 Wiseonsin Ave.
Long Beach, CA' 90814

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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 co	rporation is: COASTAL CONTINGU	NICATION SERVICE
	Corporation	
2. The name and add	ress of the registered agent and office is:	FILE 98 AUG 21 F SECRETARY (TALLAHASSEE
TINA	Nemcik	E OF S
	(Name)	L 09
1455	D-3 FERNDON BIVD.	
,	(P.O. Box or Mail Drop Box NOT acceptable)	
CREST	11ew 71 32539	
	(City/State/Zip)	
Having been named a above stated corporati the appointment as regional to comply with the proformance of my duties, tion as registered agen	s registered agent and to accept service or ion at the place designated in this certifica gistered agent and agree to act in this capa visions of all statutes relating to the proper and I am familiar with and accept the oblig at.	f process for the te, I hereby accept acity. I further agree r and complete per- gations of my posi-
Lina Con	nu (b) 8-4-0	18

(Date)