

Charter Number Only

P9800074138

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

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****122.50 ****122.50

CORPORATION(S) NAME

Coastal Management Corporation



Empire Toll Free: 1-800-432-3028

RECEIVED
98 AUG 21 AM 9:36
DIVISION OF CORPORATION
SECRETARY OF STATE
ALLIANCE FLORIDA
98 AUG 25 AM 11:58

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name	
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CR2E031 (R8-85)

~~1098-19177~~
cert-copy
098A-43991



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 21, 1998

EMPIRE

MIAMI, FL

SUBJECT: COASTAL MANAGEMENT CORPORATION
Ref. Number: W98000019177

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98 AUG 25 AM 9:32
DIVISION OF CORPORATIONS

We have received your document for COASTAL MANAGEMENT CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 998A00043542

FILED

98 AUG 25 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

COASTAL MANAGEMENT CORPORATION OF DELRAY BEACH

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 MANAGEMENT CORPORATION OF DELRAY BEACH

ARTICLE II

PRINCIPAL OFFICE

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

160 SE 6TH AVENUE
Suite "D"
DELRAY BEACH, FLORIDA 33483

ARTICLE III

SHARES

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

7500 shares of One (\$1.00) Dollar Par Value.

ARTICLE IV

INITIAL REGISTERED AGENT

SUSAN HOGAN

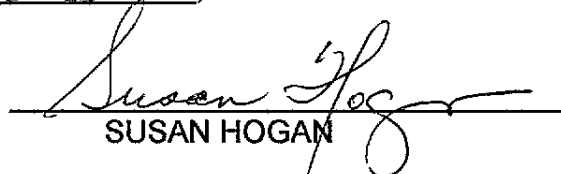
ARTICLE V

INCORPORATOR(S)

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

SUSAN HOGAN
160 SE 6TH AVENUE
Suite " D "
DELRAY BEACH, FLORIDA 33483

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18th day of August, 1998.


SUSAN HOGAN

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

Pursuant to the provisions of sections 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 corporation is:

COASTAL MANAGEMENT CORPORATION OF DELRAY BEACH

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

SUSAN HOGAN
160 SE 6TH AVENUE
Suite " D "
DELRAY BEACH, FLORIDA 33483

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 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.

SUSAN HOGAN


Signature


Date

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98 AUG 25 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA