

P99000088751

TRANSMITTAL LETTER

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

FILED

99 OCT -4 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003004271-6  
-10/04/99-01095-006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COASTAL FORMS OF FLORIDA 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

FROM: CHARLES INGRAM

Name (printed or typed)

1801 HUDSON DR

Address

ROCKLEDGE FL 32955

City, State & Zip

(407) 633-1365

Daytime Telephone Number

Same person as  
P99-63035  
7 1999

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 FORMS OF FLORIDA INC

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##### ARTICLE II PRINCIPAL OFFICE

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

288 CLEARLAKE ROAD  
COCOA FL 32781-8672

##### ARTICLE III SHARES

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

100 SHARES OF COMMON STOCK

##### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHARLES INGRAM  
1801 HUDSON DRIVE  
ROCKLEDGE FL 32955

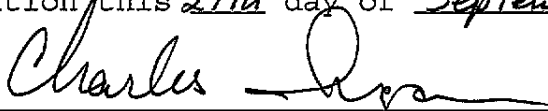
ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

CHARLES INGRAM, PRESIDENT  
1801 HUDSON DR  
ROCKLEDGE FL 32955

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29th day of September, 19 99.



Signature

Signature

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\_\_\_\_\_  
Signature

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 FORMS OF FLORIDA INC

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

CHARLES INGRAM

(NAME)

1801 HUDSON DR

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ROCKLEDGE FL 32955

(CITY/STATE/ZIP)

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.

Charles Ingram  
(SIGNATURE)

9-29-99  
(DATE)

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