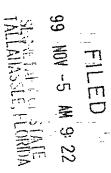
Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

*****87.50 *****87.50

COASTAL FASTENERS AND FITTINGS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an origina	I and one(1) copy of the article	es of incorporation and a	check for:	-			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	99			
FROM:	CINDY L. Bo	DURQUE inted or typed)		NO TELE			
1692 COLLEGE PARKWAY Address Address 22							
GULF BREEZE, FL 32561 City, State & Zip							
	(850) 934-96 Daytime Te	81					

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



ARTICLES OF INCORPORATION

ADDICT TO TE

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

ARTICLE I NAME		
The name of the corporation shall be:	COASTAL	FASTENERS AND
	FITTIN	GS, INC.

WILLIAM IN	1 1011 011 11 <u>D</u> Q1 1 1 <u>D</u>		
The principal pla	ace of business and mailing address of this corporate	ration shall b	e:
1692	COLLEGE PARKWAY		
Ciri =	Brence El Diati		

BREEZE, FL 32561

PRINCIPAL OFFICE

ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500 Common Shares

ARTICLE IV	INITIAL REGISTERE	<u>D AGENT AND S</u>	STREET ADDRESS		
The name and Florida street address of the initial registered agent are:					
CINDY	BOUROUE	- 			
+to 132	1692 COLLEGE	PARKWAY,	GULF BREEZE, FL		
ARTICLE V	INCORPORATOR		32561		

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

MINDY L. BOURQUE 1692 COLLEGE PARKWAY,

Date

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

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 co mply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent

Signature/Registered Agent