

# N15000006090

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

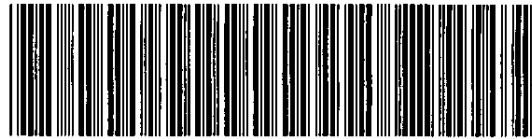
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JUN 16 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2015

W PAINTER

## COVER LETTER

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

**SUBJECT:** Three Corner Stones, 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** D'Angelo Costello

Name (Printed or typed)

4160 N. Canal Street, Suite 12246

Address

Jacksonville, FL 32209

City, State & Zip

(904) 834-9622

Daytime Telephone number

dangelocostello@gmail.com

E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Three Corner Stones, Inc.

Mailing address, if different is:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

4160 N. Canal Street, Suite 12246

Jacksonville, FL 32878

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

organized is to further the faith, hope and charity of God.

Also, see attachment

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: in provided bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gloria Costello - President  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: Remonay Costello - Secretary  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: Adrianna Costello - Vice President  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: Levaughn Costello - Director  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: D'Angelo Costello - Treasurer  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: D'Angelo Costello  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: D'Angelo Costello  
Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

D'Angelo Costello

Required Signature of Registered Agent

June 12, 2015

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

D'Angelo Costello

Required Signature of Incorporator

June 12, 2015

Date

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TALLAHASSEE, FLORIDA

*CHARITABLE PURPOSES CLAUSE*

This organization is organized exclusively for educational and charitable purposes within the meaning of Section 501(c)3 of the Internal Revenue Code. Notwithstanding any other provision of these articles, this organization shall not carry on any other activities not permitted to be carried on a) by another organization exempt from Federal income tax section 501(c)3 of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Revenue Law) or b) by an organization, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Revenue Law).

*DISSOLUTION CLAUSE*

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for educational and charitable purposes and which has established its tax exempt status under section 501(c)3 of the Internal Revenue Code.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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Jacksonville, FL 32878

Mailing address, if different is:

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Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: D'Angelo Costello - Treasurer

Address: 4160 N. Canal Street, Suite 12246  
Jacksonville, FL 32209

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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ALABAMA  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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