

N19000006255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2019 JUN -7 AM 10:34  
FILING OFFICE

JUN 19 2019

10:11

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

**SUBJECT:** CORNER STONE SEVENTH DAY ADVENTIST 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:** Jennifer Bartley  
\_\_\_\_\_  
Name (Printed or typed)

1700 Sunset Strip  
\_\_\_\_\_  
Address

Sunrise FL 33313  
\_\_\_\_\_  
City, State & Zip

954-832-2902  
\_\_\_\_\_  
Daytime Telephone number

jemabartley@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**ARTICLE I NAME**

The name of the corporation shall be: Corner Stone Seventh Day Adventist INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1441 NW 29 Avenue

Ft. Lauderdale FL 33311

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This serve to inform you that Corner Stone Seventh Day  
Adventist INC have every intention to serve Fort Lauderdale and its surrounding communities with Church Services, a food  
pantry, Health Fairs among other community services to inform and educate without discrimination of race, age  
or religious background.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Voting

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

Name and Title: Jennifer Bartley: Administrator

Address: 1700 Sunset Strip

Sunrise FL 33313

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

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

Name and Title: Darnett Blackwood: First Elder

Address: 2410 NW 64 Ave

Sunrise FL 33313

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

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

Name and Title: Viola Stevenson: Treasurer

Address: 5800 Blue Berry Court

Lauder Hill FL 33313

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

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

2019 JUN -7 AM 10:35

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: Jennifer Bartley  
Address: 1700 Sunset Strip  
Sunrise FL 33313

**ARTICLE VII INCORPORATOR**

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

Name: Jennifer Bartley  
Address: 1700 Sunset Strip  
Sunrise FL 33313

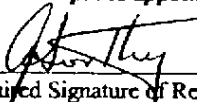
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 1, 2019 (OPTIONAL)

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

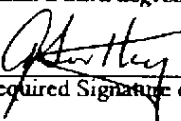
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

6/5/2019

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

6/5/2019

\_\_\_\_\_  
Date