## P00000021459 TRANSMITTAL LETTER

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 3231	4	<u>-</u> <u>-</u>	:0000314 -02/24/00 *****87.	#6212 01055 50 *****	— <b>—8</b> 015 87.50
SUBJECT:		e CAPITAL MANN ate name - must include suffi	•	OO FEB 24 PM 2: 29 SECTIVITY OF STATE TAIL AHASSEE, FLORIDA	
□ \$70.00	I and one(1) copy of the article I \$78.75	□\$78.75	<b>×</b> \$87.50	7	
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FROM:	Robert C Name (Pr		T REQUIRED		and and the second seco
	8405-A S	TREAMULEN DR.			- Transfer -
	Huntensulle City,	NC 28078	- 		ا استان المستخدم الم
	(704) 907 Daytime Te	-6509 elephone number			· · · · · · · · · · · · · · · · · · ·

R CHESTER

2000 MAR 1

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

## ARTICLES OF INCORPORATION

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: CORNERSTONE CAPETAL MANAGEMENT,	Inc
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	8
8405-A STREAMUREW DR SSE HUNTERSUILLE NC 28078	B ZL
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	PM 2: 29
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:	· www co
DAVID Webster  1220 Douglas Ave, STE 203  ARTICLE V INCORPORATOR LONGWOOD FL 32779	- - -
The name and address of the incorporator to these Articles of Incorporation are:	
ROBERT C DARBY JR 8405-A STREAMVIEW OR HUNTERSVOLLE NC 28078	*
Molect Canal 2/14/00 Signature/Incorporator 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 certificated nereby 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	may assessed, and a some yearness that the decoupt the
	7. 1/1/20 B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Signature/Registered Agent	Date