

PO2000020385
TRANSMITTAL LETTER

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

600004952536--7
-02/19/02--01015--023
*****122.50 *****78.75

SUBJECT: CornerStone Technical Associates INC
(Proposed corporate name - must include suffix)

FILED
02 FEB 19 PM 1:02
TALLAHASSEE, FLORIDA

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

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

M.L.J. TAX & ACCOUNTING, INC.
3140 SHERWOOD BLVD.
DELRAY BEACH, FL 33445

561-637-4007

Daytime Telephone number

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

8/2/22

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 Technical Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1251 Crown Point
Wellington, Fl. 33414

ARTICLE III SHARES

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John Schmidt
1251 Crown Point
Wellington, Fl. 33414

ARTICLE V INCORPORATOR

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

John Schmidt
1251 Crown Point
Wellington, Fl. 33414

X John F. Schmidt
Signature/Incorporator

February 13, 2002
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 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

X John F. Schmidt
Signature/Registered Agent

February 13, 2002
Date

FILED
02 FEB 19 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA