

PO2000125655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

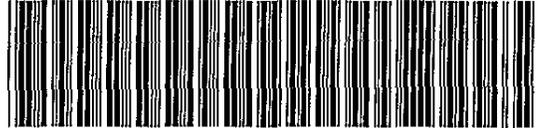
(Document Number)

Certified Copies _____ Certificates of Status _____

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11/21/02

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02 NOV 21 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Cornerstone Project Solutions, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Cindy LaVigne
Name (Printed or typed)

5310 Cypress Drive
Address

Winter Park, FL 32792
City, State & Zip

321-662-7193
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Cornerstone Project Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 140924, Orlando, Florida 32814-0924

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all activities which a corporation is permitted to engage in pursuant to Statutory authority currently in effect or as hereafter amended.

ARTICLE IV SHARES

The number of shares of stock is:

Fifty thousand shares of no par common voting stock.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Cindy LaVigne, President
P.O. Box 140924, Orlando, FL 32814-0924

Chris LaVigne, Vice President
P.O. Box 140924, Orlando, FL 32814-0924

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Cindy LaVigne
5310 Cypress Drive, Winter Park, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy LaVigne
P.O. Box 140924, Orlando, FL 32814-0924

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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

Cindy LaVigne
Signature/Registered Agent

11/18/02
Date

Cindy LaVigne
Signature/Incorporator

11/18/02
Date