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SECRETARY OF STATE
AND AREA FI ORID



# **COVER LETTER**

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

SUBJECT: Cornerstone Connection of Osceola, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
<b>□ \$70.00 ▼ \$78.7</b> 5	\$78.75	\$87.50	
Filing Fee Filing Fee	Filing Fee	Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		Status	
	ADDITIONAL CO	PY REQUIRED	
FROM: Tammi S. Madison			
Name (Printed or typed)			
1640 Starfish Street			
Address			
Kissimmee, FL, 34744			
City,	State & Zip		
407-709-8475			
	elephone 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 Connection of Osceola, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4417 13th Street, #166 Saint Cloud, FL 34769

#### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Publishing and distribution of magazine

#### ARTICLE IV SHARES

The number of shares of stock is:

100

### INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tammi S. Madison, Publisher

1640 Starfish Street Kissimmee, FL 34744 James R. Madison, Administrator

1640 Starfish Street

Kissimmee, FL 34744

#### ARTICLE VI REGISTERED AGENT

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

James R. Madison, Administrator 1640 Starfish Street Kissimmee, FL 34744

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tammi S. Madison, Publisher 1640 Starfish Street Kissimmee, FL 34744

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

certiflegte, I am familiar with and accept the appointment as registered agent and agree to act in this capacity