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PICK-UP WAIT	MAIL		
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Certified Copies Certificates of Status	:		
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Special Instructions to Filing Officer:			
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2011 MAR -7 PM 2: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cornwell Caulking & Restoration 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Anthony A. Cornwell Name (Printed or typed) 2636 Corrigan Dr Address Deltona, FI 32738 City, State & Zip 407-832-3366 Daytime Telephone number

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

CCRtony1@gmail.com
E-mail address: (to be used for future annual report notification)

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

	NAME Cornwell Caulking & R	estoration Inc.	ج2
The name of the cor	rporation shall be:		Mailing address, if different is:
ARTICLE II	PRINCIPAL OFFICE		FG #
	Principal street address	N	Mailing address, if different is:
2	636 Corrigan Dr		raining address, if different is.
	eltona, FL 32738		U.
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ARTICLE III			OF is
	nich the corporation is organized is:		36 ORID
any and all lav	wtui dusiness		ל ור
ARTICLE IV			
The number of share		n.c.	
	INITIAL OFFICERS AND/OR DIRECTOR Ile: Anthony A. Cornwell President		
Address:	2636 Corrigan Dr.	Name and Thie.	
riduress.	Deltona FI 32738	Address.	
	Deliulia, LLOZ730	- -	
Name and Tit	:le:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address:	·	Address:	
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N.T. 1 (1997)			
	le:		
Address:			
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	<u>REGISTERED AGENT</u>		
	ida street address (P.O. Box NOT acceptable) o		t is:
Name:	Anthony A. Cornwell		
Address:	2636 Corrigan Dr		
	Deltona, Fl 32738		
APTICI E UII	TNICOPPOPATOP		
	INCORPORATOR ress of the Incorporator is:		
Name:			
Address:	Anthony A. Cornwell 2636 Corrigan Dr.		
radicss.	Deltona, Fl 32738		
	Deliona, Fr 32736		
Having been named	d as registered agent to accept service of proce	ss for the above stat	ed corporation at the place designated in
this certificate, I am	familiar with and accept the appointment as rej	gistered agent and a	gree to act in this capacity
1 /			- ·
			2-28-11
- viy	Required Signature/Registered Agent		Date
//	- radamen orbinamen tregionness i rigotti		Date
I submit fhis docun	nent and affirm that the facts stated herein are	e true. I am aware i	that the false information submitted in a
	bartment of State constitutes a third degree felor		
1/		• •	
X6/11	13.1'1 W		2-28-11
	Required Signature/Incorporator		Date