

T. Burch MAY 12 2011

COVER LETTER

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

SUBJECT: Cornerstone Recovery Center, 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Maureen Donadio

Name (Printed or typed)

72 East McNab Road, #139

Address

Pompano Beach, FL 33060

City, State & Zip

954-257-5396

Daytime Telephone number

mdnextstep1@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR 29 PM 1:01

DIVISION OF CORPORATIONS

April 15, 2011

MAUREEN DONADIO
72 EAST MCNAB ROAD 139
POMPANO BEACH, FL 33060

SUBJECT: CORNERSTONE RECOVERY CENTER, INC.
Ref. Number: W11000021319

We have received your document for CORNERSTONE RECOVERY CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type in the name of the corporation in article I.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 111A00009239

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 Recovery Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
72 E. McNab Road, #139
Pompano Beach, FL 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality addiction services and substance abuse treatment services.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur Marooney
Address: 2401 NE 36 Street, #106
Lighthouse Point, FL 33064

Name and Title: _____
Address: _____

Name and Title: Paul Pellingner
Address: 8930 State Rd. 84, #168
Davie, FL 33324

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maureen Donadio
Address: 72 East McNab Road
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Freedman
Address: 5818 SW 117 Ave
Cooper City, FL 33330

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

Maureen Donadio
Required Signature/Registered Agent

4/11/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David Freedman
Required Signature/Incorporator

4/11/2011
Date

FILED
2011 APR 29 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA