

P1200003151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Danielle Wilson

ADDITIONAL INFORMATION BY FILING OFFICER

CORRECT #1

DATE

PS

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01/06/12--01036--025 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -6 AM 10:50

212-11074 Ps 1/9/12

## COVER LETTER

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

SPECIALTY -  
A

SUBJECT: Cornerstone Services Group, 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: Danielle Wilson

Name (Printed or typed)

P.O. Box 616

Address

Largo, FL 33770

City, State & Zip

813-423-0123

Daytime Telephone number

813-474-0488

Info@CornerstoneSpecialtyServices.com

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

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

**CORNERSTONE SPECIALTY SERVICES GROUP, INC.**

12 JAN -6 AM 10:50

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Danielle Wilson  
1201 Seminole Blvd, #110  
Largo, FL 33770

Mailing address, if different is:

Danielle Wilson  
P.O. Box 616  
Largo, FL 33770

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Consulting Services

**ARTICLE IV SHARES**

The number of shares of stock is: 4 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

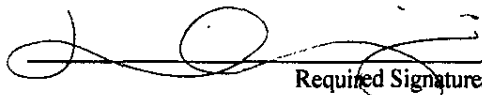
Name: Danielle Wilson  
Address: 1201 Seminole Blvd, #110  
Largo, FL 33770

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Clara Vanderhoof  
Address: 11932 99th Ave N  
Seminole, FL 33772

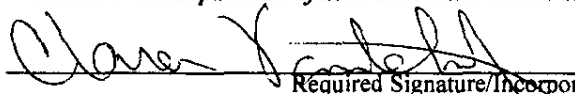
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

1/1/2012

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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/1/2012

Date