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(Requestor's Name)

(Address)

(Address)

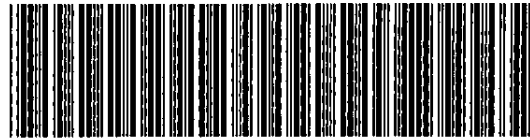
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900216382509

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

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

Special Instructions to Filing Officer:

Danielle Wilson

ADDITIONAL INFORMATION BY FILING OFFICER

CORRECT #1

DATE

DS

Office Use Only

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

<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: Danielle Wilson
Name (Printed or typed)

P.O. Box 616
Address

Largo, FL 33770
City, State & Zip

813-423-0123 813-474-0488
Daytime Telephone number

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

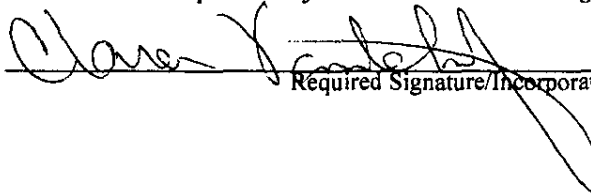
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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