

712 00000 3478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

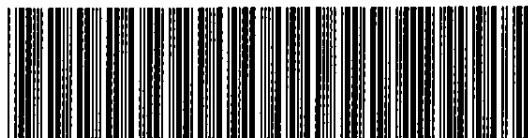
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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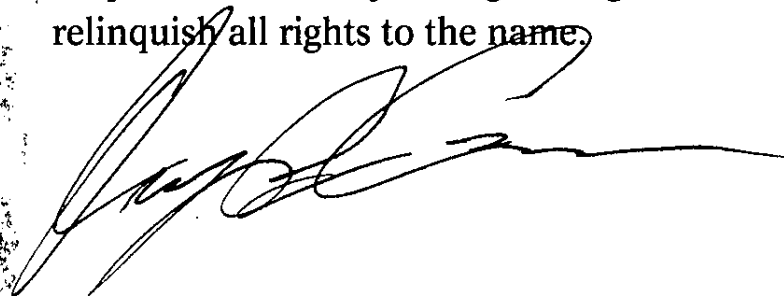
01/12/12--01001--003 \*\*70.00

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12 JAN 11 PM 4:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. Silvers JAN 11 2012

FILED  
12 JAN 11 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I Angel Camacho President of Master Cornerstone Builders, Inc. Have no problem with myself registering the same company name. And relinquish all rights to the name

A handwritten signature in black ink, appearing to read 'Angel Camacho', with a long horizontal flourish extending to the right.

FILED

12 JAN 11 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **MASTER CORNERSTONE BUILDERS, 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: **GREG COLLINS**

Name (Printed or typed)

**PO BOX 18005**

Address

**TALLAHASSEE, FL 32318**

City, State & Zip

**850-745-0491**

Daytime Telephone number

**greg@easylicensellc.com**

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

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

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12 JAN 11 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**MASTER CORNERSTONE BUILDERS, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8014 TAUREN CT**

**NAPLES, FL 34119**

Mailing address, if different is:

**8014 TAUREN CT**

**NAPLES, FL 34119**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFULL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **CAMACHO, ANGEL L / P**

Address: **8014 TAUREN CT**

**NAPLES, FL 34119**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: **CAMACHO, ANGEL L**

Address: **8014 TAUREN CT**

**NAPLES, FL 34119**

**ARTICLE VII INCORPORATOR**

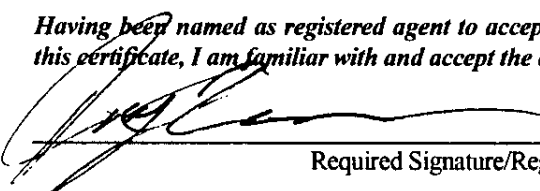
The name and address of the Incorporator is:

Name: **CAMACHO, ANGEL L**

Address: **8014 TAUREN CT**

**NAPLES, FL 34119**

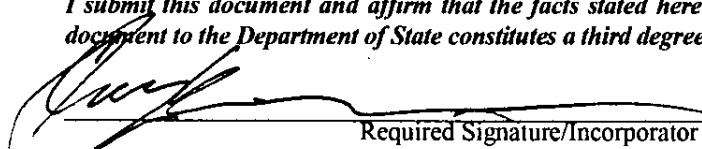
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

**01/9/2012**

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

**01/9/2012**

Date

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**12 JAN 11 PM 4:17**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA