

P140000017620

(Requestor's Name)

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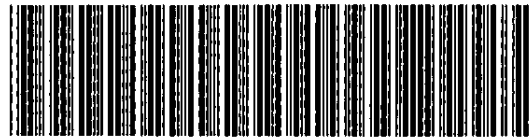
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: The Cornerstone General Contractors, Corporation
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Donna Karrar

Name (Printed or typed)

1284 W. 20th Street

Address

Jacksonville, FL 32209

City, State & Zip

(904) 210-3600

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: The Cornerstone General Contractors, Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1284 W. 20th Street

Same

Jacksonville, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Contractor

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ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Karrar, President

Name and Title: Andre Williams, Vice President

Address: 1537 Biscayne Bay Dr.
Jacksonville, FL 32218

Address: 6137 Post Oak Rd. W.

Jacksonville, FL 32277

Name and Title: Pamela Newbill, President

Name and Title: _____

Address: 111 Mar Del Plata St. S.
Jacksonville, FL 32256

Address: _____

Name and Title: Gary Hill, Vice President

Name and Title: _____

Address: 2407 Westmount St.
Jacksonville, FL 32207

Address: _____

(conti.)

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: JONAS MILTON
Address: 1284 W. 20th St.
JACKSONVILLE, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONNA KARRAR
Address: 1537 BISCAYNE BAY DR.
JACKSONVILLE, FL 32218

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

Jonas Milton

Required Signature/Registered Agent

1/24/14
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.

Donna Karrar

Required Signature/Incorporator

1/24/14
Date

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