

PI460007157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

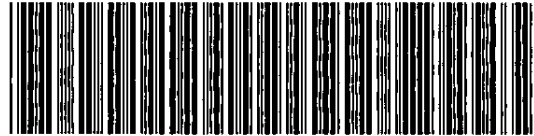
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RECEIVED
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: CORNERSTONE PAINT AND BODY, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JOHN HENRY ACEVEDO
Name (Printed or typed)

8614 SHIRLEY DRIVE
Address

TALLAHASSEE, FLORIDA 33617
City, State & Zip

(813) 992-5560
Daytime Telephone number

ERNESTODELEON48@HOTMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: CORNERSTONE PAINT AND BODY, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1111 CASS ST
TAMPA, FL 33606

Mailing address, if different is:

7704 N FLORIDA AVE.
TAMPA, FL 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO REPAIR AND PAINT
VEHICLES DAMAGED IN COLLISION ACCIDENTS
+ OTHER CAUSES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN HENRY ACEVEDO, D Name and Title: _____

Address: 8614 SHIRLEY DR Address: _____
TAMPA, FL 33617

Name and Title: JOHN HENRY ACEVEDO, T Name and Title: _____

Address: 8614 SHIRLEY DR Address: _____
TAMPA, FL 33617

Name and Title: JOHN HENRY ACEVEDO, S Name and Title: _____

Address: 8614 SHIRLEY DR Address: _____
TAMPA, FL 33617

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CLERK OF DISTRICT COURT
TAMPA, FL 33602

(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: ERNESTO DE LEON
Address: 7704 N FLORIDA AV.
TAMPA, FL 33604

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOHN HENRY ACEVEDO
Address: 8614 SMITH DR
TAMPA, FL 33617

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

ERNESTO DE LEON
Required Signature/Registered Agent

08/22/2014
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.

JOHN HENRY ACEVEDO
Required Signature/Incorporator

8/22/2014
Date

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