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## COVER LETTER

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

**SUBJECT:** CORNERSTONE FOUNDATION ACADEMY, 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:** AMANDA VELEZ  
Name (Printed or typed)  
5706 NORTH NEBRASKA AVENUE  
Address  
TAMPA, FL 33604  
City, State & Zip  
813-727-2667  
Daytime Telephone number  
ADMIN@CORNERSTONEFOUNDATIONACADEMY.ORG  
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** CORNERSTONE FOUNDATION ACADEMY, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

5706 NORTH NEBRASKA AVENUE

TAMPA, FL 33604

**ARTICLE III PURPOSE** to maintain and operate a private Christian day school for  
The purpose for which the corporation is organized is: \_\_\_\_\_  
grades Kindergarten through 12.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: AMANDA VELEZ Name and Title: \_\_\_\_\_

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

6617 NORTH THATCHER AVENUE

TAMPA, FL 33614

Name and Title: LEAH SAMLAL Name and Title: \_\_\_\_\_

Address CHIEF ADMINISTRATIVE OFFICER Address: \_\_\_\_\_

8411 NORTH 46TH STREET

TAMPA, FL 33617

Name and Title: MARLEAN GARCIA Name and Title: \_\_\_\_\_

Address SECRETARY/TREASURER Address: \_\_\_\_\_

7304 NORTH COARSEY AVENUE

TAMPA, FL 33604

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: INCORP SERVICES, INC.  
Address: 17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AMANDA VELEZ  
Address: 6617 NORTH THATCHER AVENUE  
TAMPA, FL 33614

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Jackie L. Phillips* on behalf of Incorp Services, Inc. 6/25/15  
\_\_\_\_\_  
Required Signature/Registered Agent 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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator 6/28/15  
Date

15 JUL -1 AM 11:49  
FILED  
TAMPA, FL 33614  
CLERK OF THE COURT