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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WAP 718/15

I Clayton Glasgow will not reinstate Cornerstone Ceiling & Walls Inc. Document number P11000065573 and I release the name for use.

Clayton Glasgow

COVER LETTER

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

SUBJECT: Cornerstone Ceiling & Walls 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: CLAYTON GLASGOW
Name (Printed or typed)
8232 Damara Drive
Address
New Port Richey, Florida 34653
City, State & Zip
727-326-5756
Daytime Telephone number
Clay 8246 @ Yahoo.com
E-mail address: (to be used for future annual report notification)

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 JUL -8 PM 1:01

APPROVED
AND
FILED

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 Ceiling & Walls Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8232 Damara Drive
New Port Richey, Florida
34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To do drywall work

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAYTON Glasgow Name and Title: _____

Address: 8232 Damara Dr Address: _____
New Port Richey, Florida
34653

Name and Title: CLAYTON Glasgow Name and Title: _____

Address: 8232 Damara Drive Address: _____
New Port Richey, Florida
34653

Name and Title: CLAYTON Glasgow Name and Title: _____

Address: 8232 Damara Drive Address: _____
New Port Richey, Florida
34653

15 JUL -8 PM 11:01
CLAYTON GLASGOW
SECRETARY

APPROVED
CLAYTON GLASGOW
DIRECTOR

Name and Title: CLAYTON Glasgow / President Name and Title: _____
Address: 8232 Damara Drive Address: _____
New Port Richey, Florida _____
34653 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAYTON Glasgow
Address: 8232 Damara Drive
New Port Richey, Florida
34653

ARTICLE VII INCORPORATOR

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

Name: CLAYTON Glasgow
Address: 8232 Damara Drive
New Port Richey, Florida
34653

15 JUL - 8 PM 1:0
FILED
TALLAHASSEE, FLORIDA

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

Clayton Glasgow 7/8/15
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.

Clayton Glasgow 7/8/15
Required Signature/Incorporator Date