## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address	 	 	

## FLORIDA PROFIT/NON PROFIT CORPORATION CORNERSTONE PUBLIC ADJUSTERS INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help



## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
11451 <u>SW</u>	228 Terr., Miami, FL, 33170
ARTICLE	III SHARES: The number of shares of stock is: 100
	RTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Rober <u>t Cuen</u>	ca - President
	Alexander Company
<u> </u>	
The nam	CLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: ne and Florida street address (PO Box not acceptable) of the registered agent
Robert Cue	nca - 11451 SW 228 Terr., Miami, FL, 33170
<u> </u>	
ARTIC	CLE VI INCORPORATOR: The name and address of the Incorporator

## Required Signatures:

Having been named as registered agent to accept secorporation at the place designated in this certificat appointment as registered agent and agr	e. I am familiar with and account the
Registered Agent	09/30/2022 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.

> Incorporator Date