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Updater Verifyer

Acknowledgment

W.P. Verifyer

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ARTICLES OF INCORPORATION OF

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SLUBLIVEY OF STATE TALLAHASSEE, FLORIDA

CORNERSTONE FURRING SERVICES, INC.

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CORNERSTONE FURRING SERVICES, INC.

The principal place of business of this corporation shall be:

3400 SW. 111 AVE. MIAMI, FL. 33165

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate numbers of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times 10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

ANDRES A. ARAMBURO 3400 SW. 111 AVE. Miami, F1.33165

DIRECTOR

ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the Incorporator (s) to these Article of Incorporation is (are):

ANDRES A. ARAMBURO 3400 SW. 111 Ave. Miami, Fl. 33165 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has (have) executed these Article of Incorporation this 13 th. day of January ,1997.

Signature / Title

Signature / Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICER

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered officer/registered agent, in the State of Florida.

The name of the corporation is:

1.

		CORNERSTONE FURRING SERVICES, INC.
2.	The	name and address of the registered agent and officer ANDRES A. ARAMBURO
	-	(name)
	-	3400 SW. 111 Ave. (P.O.BOX NOT ACCEPTABLE)
		(F.O.DON NOT ACCEL INDEE)
		Miami, Florida 33165 (CITY / STATE / ZIP CODE)
		(CITY / STATE / ZIP CODE)
OF PRICE OF	ROCE RED RTHE FING L AM	EEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE SS FOR THE ABOVE STATED CORPORATION AT THE PLACE AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY AS REGISTERED AGENT.
		X SIGNATURE
		01-13-97
		DATE

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

ANDRES A. ARAMBURO 3400 SW. 111 AVE. Miami, Fl.33165 DIRECTOR

ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the Incorporator (s) to these Article of Incorporation is (are):

ANDRES A. ARAMBURO 3400 SW. 111 AVE. Hiami, F1.33165 PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has (have) executed these Article of Incorporation this 13 th.day of January ,1997.

Signature / Title

Signature / Title

Signature / Title

FILED

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICER

97 JAN 15 AM 11: 29

SELIL JAMY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered officer/registered agent, in the State of Florida.

_	CORNERSTONE FURRING SERVICES, INC.
The	name and address of the registered agent and of
	ANDRES A. ARAMBURO (name)
•	(name) 3400 SW. 111 AVe.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIRED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 01-13-97

DATE