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Division of Corporations

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC.
 Account Number : 120080000045
 Phone : (302)645-7400
 Fax Number : (302)645-1280

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

Email Address: vogel.lorienne@cservicecorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Cornerstone Service Corp, Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$728.75

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 (5)(c), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Cornerstone Service Corp. Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co." or "Corp.")

Cornerstone DC Service Corp. Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01-28-2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1-1-2022
(Date first transacted business in Florida, if prior to registration)
(S.I.U.S.C. SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 12433 Richmond Run Drive, Raleigh, NC 27614
(Principal office street address)

11460 Falls of Neuse Rd., Ste 149, 341 Raleigh, NC 27614
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 7901 4th Street N, Ste 302
St. Petersburg, Florida 33702
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles, and addresses of the primary officers and/or directors [up to six (6) total]:

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A. DIRECTORS

Chairman Name: Dr. Dan Fink

Vice Chairman Address: 613 Sunnertime Field Lane

Director Wake Forest, NC 27587

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CEO _____ Other _____

Chairman Name: Lori-Anne M. Vogel

Vice Chairman Address: 12433 Richmond Run Drive

Director Raleigh, NC 27614

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CAO _____ Other _____

Chairman Name: Randy Vogel

Vice Chairman Address: 12433 Richmond Run Drive

Director Raleigh, NC 27614

President _____

Vice President _____

Secretary _____ Treasurer _____

Other CFO _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary _____ Treasurer _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Randy Vogel, CFO
(Type or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORNERSTONE SERVICE CORP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORNERSTONE SERVICE CORP, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2023-01-30 PM 1:10



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20224414437

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205220909

Date: 12-30-22

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