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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA/FOREIGN LP/LLP
CORNERSTONE POINTE INVESTORS LP**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$1,061.25

2019 JUN -6 AM 1:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Pointe Investors LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Noam Avrahami

Contact Person

Cornerstone Pointe Investors LP

Firm/Company

P.O. Box 162027

Address

Altamonte Springs, FL 32716

City, State and Zip Code

noam@noi-cap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noam Avrahami

at 786

405-0927

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☒ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAAPPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Cornerstone Pointe Investors LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
 Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd
 Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact
 business in Florida; must contain acceptable suffix.

2. Delaware

3. 04/25/2019

State or Country of Formation

Date of Formation

4. Federal Employer Identification Number 38-4118925

5. Name of Registered Agent for Service of Process and Florida Street Address:

Shay Miloch

2700 W. Cypress Creek Road, #D128

Fort Lauderdale, FL 33309

6. 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.

Signature of Registered Agent

7. Principal Office:

2700 W. Cypress Creek Road, #D128

Fort Lauderdale, FL 33309

8. Mailing Address:

2700 W. Cypress Creek Road, #D128

Fort Lauderdale, FL 33309

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Cornerstone Pointe GP LLC

Name of General Partner:

Street Address: 2700 S. Cypress Creek Road, #D128

Street Address:

Fort Lauderdale, FL 33309

Mailing Address: P.O. Box 162027

Mailing Address:

Altamonte Springs, FL 32716

Name of General Partner:

Name of General Partner:

Street Address:

Street Address:

Mailing Address:

Mailing Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: 04/25/2019

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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

Signed this 5 day of June, 2019



Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CORNERSTONE POINTE INVESTORS LP" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7391254 8300

SR# 20193165470

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202710034

Date: 04-25-19

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