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| PICK-UP | | WAIT | MAIL MAIL |
| (B | usiness | Entity Name |) |
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| Certified Copies | c | ertificates c | of Status |
| Special Instructions to | Filing O | fficer: | |
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| nocument Examiner | DCC | | |
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| W. P. Verifyer | DCC | | |



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FILED 03 APR 28 PM 3: 0**5**

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Carnerstone Communic | ust include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Not for Profit Co Affairs in Florida", "Certificate of Existence", and check not for profit corporation to conduct its affairs in Florida | c are submitted to register the above referenced |
| Please return all correspondence concerning this matter | to the following: |
| Saly Watt | cins Ξ 8 |
| ' (Name of Per | rson) |
| Cornerstone Com | nunications Inc 28 |
| (Firm/Comp | nunications Inc (S) 28 Flamy) |
| 939 W Wils (Address | on Ave FL a |
| Chicago | ``مؤن |
| (City/State and 2 | IL 60640 ip Code) |
| For further information concerning this matter, please care at (7) (Name of Person) (A) | nil: 73) 989 - 2087 ext. O or l rea Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: | _ |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ Certificate of Status | \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 18, 2003

SALLY WATKINS CORNERSTONE COMMUNICATIONS INC. 939 W WILSON AVE., FL 2 CHICAGO, IL 60640

SUBJECT: CORNERSTONE COMMUNICATIONS, INC.

Ref. Number: W03000011181

We have received your document for CORNERSTONE COMMUNICATIONS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Corporate Specialist

Letter Number: 003A00023469

RESOLUTION OF BOARD OF DIRECTORS

| (Please print or type) | | |
|--|----------------|-------|
| I, the undersigned Sally Watkins do hereby certify. (Name) that this Resolution of the Board of Directors of Cornerstone Communications. | 03 APR 28 PM 3 | FILED |
| Tnc. (Corporate Name) | 06 | |
| | | |
| a corporation duly organized and existing under the laws of the State of, | | |
| was duly adopted on | . . | |
| Be it resolved, that <u>Cornerstone Communications</u> , <u>Tnc.</u> , (Corporate Name) | | ••• |
| organized and existing in the State of, hereby adopts the name | | - |
| Cornerstone Festival, Inc. for use in Florida. | | |
| Dated: 4/24/2003 | | |
| Signature of other Chairman, Vice Chairman or any officer | | |
| Sally J. Watkins Type or print name | | |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

| 1. Corner | stone Com | munications | Inc. | " on "COPPOR A | TION" or | sanda ar ahbras | uistions of li | ka impr | v rd |
|---|-------------------------------------|--|-----------------------------------|---------------------------------------|-------------------------|-------------------------------|-----------------|----------------|-----------------|
| in language as v | will clearly indicat | the the word "INC te that it is a corporate not be used as a | ration instead | of a natural person | n or partner | ship if not so c | ontained in | the name | e at |
| 2. State or count | nois | A. 13 - 12 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 3 | 36 | -384· | 4004 | anhia) | | _ |
| (State or count | ry under the law o | or which it is incor | porated) | | (FEI II | шпост, и арри | | | |
| 4 | Date of Incorpor | ration) | 5 | (Duration: Ye | PET DE | tua ill cease to exis | t or "perpeti | | |
| 4. A (State or count) 6. A (Date con) | ocil I a | .003 | | ` | - | | A. | APR | |
| (Date cor | poration first con | ducted Affairs in l | Florida - <i>See se</i> | ctions 617.1501, | 617.1502, | and 817.155, F | <u>.s.)</u> ల్ల | 8 | \equiv |
| 7. 939 | w. Wilso | on Ave. Floor Ave. | La | Chicago. | IL | 60640 | EIG. | <u> </u> | ED |
| | | | (Principal off | ice address) | | | | <u>۔۔</u> | |
| <u> 920</u> | <u> ယ. ယ`၊</u> | lson Aue. | Chicaa (Current mail | o IL 60 | 640 | | <u> </u> | _ق | |
| | | | (Current man | ing address) | | | A | .03 | |
| Spread Name and st | (tath@c(s) or ec | poration authoriz | cu in nome sta | corcounty to b | c carried of | n m uic saio o | i i torida) | <u>a, § 5p</u> | ecial evont |
| Name: | Michae | 1 D. C | raw fo | N | | | | 18 | |
| Office Address: | 288 | S. Lake | - Sex | sup 1 | tre | • | | | |
| | Ovi | edo | _ | Florida | 327 | 765 | - | | |
| , | | (City) | | | (Zi | p Code) | | | |
| Having been designated in I further agr | this application ee to comply wi | ance: ered agent and a, I hereby accep th the provision h and accept the | ot the appoint s of all statut | ment as registe es relative to the | red agent e proper a | and agree to nd complete i | act in this | capacit | ty. |
| | | | D W | nt's signature) | | | | , | |

11. 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.

A. DIRECTORS

| Chairman: |
|---|
| Address: |
| Vice Chaiπnan: |
| Address: |
| Director: |
| Address: |
| Director: |
| Address: |
| B. OFFICERS |
| President: John Herrin |
| Address: 920 W. Wilson Ave. #213 |
| Chicago, IL 60640 |
| Vice President: Jon Trott |
| Address: 920 W. Wilson Ave. #218 |
| Chicago, IL 60646 |
| Secretary: Saluy Watkins #210 |
| Address: 920 W. Wilson Ave Y Chicago IL 60640 |
| Treasurer: Karen Brickey |
| Address: 920 W. Wilson Ave., Chicago, IL 60640 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Sally J. Watkins, secretary (Typed or printed name and capacity of person signing application) |

File Number,___

5680-318-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



| In | T | esti | m | 01 | ıy | WI | rere | of, | I, her | eto | sei |
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| τ. | 7 | 7 | • | | 7 | cc | 7 .7 | \sim | | 1 | ~ |

my hand and cause to be affixed the Great Seal of the State of Illinois, this _______ 26TH day of ______ A.D. _____ 2003 ____.

Desse White