F15000000785

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Office Use Only

W15-11402

× 02/25/15



February 17, 2015

ZIRSANGZELA HLAWNCHHING 8443 SANCHEZ ROAD JACKSONVILLE, FL 32217

SUBJECT: CORNERSTONE PROPERTY ENTERPRISES, INC.

Ref. Number: W15000011402

We have received your document for CORNERSTONE PROPERTY ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 605.0905, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4) or 605.0904(7), F.S., this office is required to collect a civil penalty of \$1,000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 815A00003263

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Corner stone Proporty Enterprises, lac Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Zivsangzela Hlawnchhing.
Name of Person
Firm/Company
8442 Sanda Rd
Address
S443 Sancher Rd Address Jacksonville, FL 32217 City/State and Zip code Zira 1969 @ Yakor. Com E-mail address: (to be used for Inture annual report notification)
City/State and Zip code
zira 1969@ yaher. Com
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code & Daytime Telephone Number
William W. 1 61307
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. ONLY MER ATIME PAR INOTH. Enterph'ses Inc.	
(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. NeVada 3. 47-2459609	
(State or country under the law of which it is incorporated) 4. 11-18-2014 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7. 8443 Sanchez Rd, Jacksonville, FL 32217 (Principal office address) Same as above (Current mailing address)	
(Current mailing address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Business Filings Incorporated Office Address: 515 East Park Avenue Tallahassee , Florida 32301 (City) (Zip code)	SECRETARY O
Office Address: 513 Zast Tava Address: 513 Za	PORATION
D. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the plesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacfurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent. Substitution of my position as registered agent.	ity. I
(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. Names and business addresses of officers and/or directors. A. DIRECTORS Vice Chairman: Address: Director: Director: Address: _ **B. OFFICERS** Tacksonville, FL 32217 Vice President: Address: _ Secretary: Zivsaugzela Hawachling Sanchez Rd, Jackbonville, FL 32217 Address: H. Hlawnchling NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. The officer or director signing this document (and who is listed in number 12 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. ZINSANGZELA Hlawnchling, Resident.

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CORNERSTONE PROPERTY ENTERPRISES**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 18, 2014, and is in good standing in this state.

ALO POR PROPERTY OF THE PROPER

Electronic Certificate
Certificate Number: C20141204-1815
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 4, 2014.

ROSS MILLER Secretary of State

15 FEB 24 AM 11: 29

SECRETARY OF STAIL OIVISION OF CORPORATION.