

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

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION  
CORNERSTONE ENERGY CORPORATION**

Certificate of Status	0
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TALLAHASSEE FLORIDA

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JAN 30 2017  
J. HARRIS

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. CORNERSTONE ENERGY CORPORATION**

(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. Indiana 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/18/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 46-005 Kawa Street, Suite 308, Kaneohe, HI 96744  
(Principal office address)

\_\_\_\_\_  
(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: 3030 N. Rocky Point, Suite 150A

Tampa, Florida 33607  
(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.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Brian Hawkins

Address: 46-005 Kawa Street, Suite 308, Kaneohe, HI 96744

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Brian Hawkins

Address: 46-005 Kawa Street, Suite 308, Kaneohe, HI 96744

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Brian Hawkins

Address: 46-005 Kawa Street, Suite 308, Kaneohe, HI 96744

Treasurer: Brian Hawkins

Address: 46-005 Kawa Street, Suite 308, Kaneohe, HI 96744

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *Brian C. Hawkins*

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. Brian Hawkins, President

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

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**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CORNERSTONE ENERGY CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 18, 2017, and was in existence or authorized to transact business in the State of Indiana on January 19, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 19, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201701181176122 / 2017199019

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>