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(Re	equestor's Name)	<u></u>
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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1. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation				
CHDI	•	source Management I	nc.		
SUDA	F.C. 1:	Name of co	rporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi		or "Certificate of C	iood Standi	ng" and check are sub	ct Business in Florida." omitted to register the
Please Sherri	return all correspon Gust	dence concerning th	nis matter to	the following:	
		<u> </u>	Name of Pe	rson	· · · · · · · · · · · · · · · · · · ·
Cogsto	one Resource Managen		Wille Wille		
		1	irm/Compa	ny	
1518 V	V Taft Avenue				
			Address		
Orange	e, CA 92865				
		Cit	y/State and	Zip code	· · · ·
manag	ement@cogstone.com				
		E-mail address: (to	be used for	future annual report	notification)
For fu	rther information co	ncerning this matter	, please cal	l:	
Sherri	Gust		714	974-8300	
	Name of Person	ai (Area Code	Daytime Telep	hone Number
STREET/COURIER 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		
Enclos	sed is a check for the	following amount:			
☐ \$70	0.00 Filing Fee 📗 🖡	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



April 30, 2018

SHERRI GUST 1518 W TAFT AVE ORANGE, CA 92865

SUBJECT: COGSTONE RESOURCE MANAGEMENT INC.

Ref. Number: W18000040235

We have received your document for COGSTONE RESOURCE MANAGEMENT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00008842



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.

CA	ible in Florida, enter alternate corporate nam	33-0963691	ng business in Florida)
(State or countr	v under the law of which it is incorporated)	3(FEI number, if ap	oplicable)
4/5/2001			
(Date	of incorporation)	(Date of duration, if other	r than perpetual)
DIC II I III I I I	, Orange, CA 92865		
	(Prince) (Current mai	cipal office address) iling address, if different)	
	(Prind) (Current mainstance) (Eurrent mainstance) (Eurrent mainstance) (Eurrent mainstance) (Eurrent mainstance)	iling address, if different)	∵. ne.
	(Prince) (Current mainst address of Florida registered agent: (In the Holly Duke)	iling address, if different)	
Name and <u>stree</u> Name:	(Prind) (Current mainstance) (Eurrent mainstance) (Eurrent mainstance) (Eurrent mainstance) (Eurrent mainstance)	iling address, if different)	
Name and stree	(Prince (Current mainstance) (Current mainstance) (Prince address of Florida registered agent: (Florida Prince age	iling address, if different)	ANY STATE OF THE S

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ Vice Chairman: ___ Address: Director: ___ Address: __ B. OFFICERS Sherri Gust President: 1518 W Taft Ave, Orange, CA 92865 Address: __ Desiree Martinez Vice President: 518 W Taft Ave, Orange, CA 92865 Sherri Gust Secretary: 518 W Taft Ave, Orange, CA 92865 Sherri Gust Treasurer: 518 W Taft Ave, Orange, CA 92865 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

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

a third degree felony as provided for in s.817.155, F.S.

Sherri Gust, President

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COGSTONE RESOURCE MANAGEMENT

FILE NUMBER:

C2339527

FORMATION DATE:

04/05/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 12, 2018.

ALEX PADILLA
Secretary of State