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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | ···· |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------------|---|
| 41 878 8 | CORNERSTONE MISSIONS, INC. |
| SUBJ | ECT: CORNERSTONE MISSIONS, INC. Name of Corporation – must include suffix |
| Dear S | r or Madam: |
| Affair: | closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida |
| Please | return all correspondence concerning this matter to the following: |
| | Rence L. Maguire |
| | Name of Person |
| | RLM's Services, L1.C |
| | Firm/Company |
| | |
| | 4103 Mount Atlas Lane |
| | Address |
| | Haymarket, VA 20169 |
| | City/State and Zip Code |
| | reneemaguire@verizon.net |
| | E-mail address: (to be used for future annual report notification) |
| For fu | her information concerning this matter, please call: |
| Renee | L. Maguire 703 851-6936 at () |
| | Name of Person Area Code Daytime Telephone Number |
| | Mailing Address: Street Address: |
| | Registration Section Registration Section |
| | Division of Corporations Division of Corporations |
| | P.O. Box 6327 The Centre of Tallahassee |
| | Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303 |
| Enclos | ed is a check for the following amount: |
| Please | nake check payable to: FLORIDA DEPARTMENT OF STATE |
| ≡ \$70 | 00 Filing Fee □S78.75 Filing Fee & □S78.75 Filing Fee & □S87.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status Certified Copy |

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:

| (If name unava | silable in Florida, enter alternate co | rporate name adopted for the purpose of transacting busine | rss in Florida) |
|---------------------|---|---|--------------------|
| VIRGINIA | | 3. 20-0179114 (FEI number, if applicable) | |
| | | | |
| 08/11/2003 | | 5. (Date of duration, i) other than per | |
| | | | |
| Date first cond | ueted affairs in Florida it prior to reg | astration. See sections 617 1801 & 617 1802, F.S. to determine | w penalty liabi |
| | Ste. 306, Satellite Beach, FL 3293 | | |
| | (1 | Principal office street address) | |
| | | | |
| | | | |
| | (Cui | rent mailing address, if different) | |
| <u></u> | (Cur | rent mailing address, if different) | . 7 1,00 |
| o provide Ap | · | • | poration. |
| o provide Ap | · | • | poration. |
| | oplied Behavior Analysis services a corporation authorized in home sta | and any and all other powers allowable for a non-profit cor- te or country to be carried out in the state of Florida) | poration. |
| | oplied Behavior Analysis services a corporation authorized in home sta | • | 10 mm |
| lame and <u>str</u> | pplied Behavior Analysis services a corporation authorized in home sta | and any and all other powers allowable for a non-profit cor- te or country to be carried out in the state of Florida) I agent: (P.O. Box <u>NOT</u> acceptable) | 10 mm |
| Name and <u>str</u> | pplied Behavior Analysis services a corporation authorized in home sta | and any and all other powers allowable for a non-profit cor- te or country to be carried out in the state of Florida) I agent: (P.O. Box <u>NOT</u> acceptable) | 10 mm |
| Name and <u>str</u> | oplied Behavior Analysis services a corporation authorized in home sta- eet address of Florida registered David A. Maddox 1125 SR AIA, Ste. 306 | and any and all other powers allowable for a non-profit cor- te or country to be carried out in the state of Florida) I agent: (P.O. Box <u>NOT</u> acceptable) | 10 mm |
| Same and <u>str</u> | oplied Behavior Analysis services a corporation authorized in home sta- eet address of Florida registered David A. Maddox 1125 SR AIA, Ste. 306 | and any and all other powers allowable for a non-profit cor- te or country to be carried out in the state of Florida) | poration. OF STARS |

41. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]:

| A. DIRECTOI | | | | |
|--------------------|--|--|--|---|
| □Chairman | Name: | □Chairman | Name: Michele Keen Clark | |
| □Vice Chairman | Address: 1125 SR AIA, Ste 306 | □Vice Chairman | Address: 11712 Newbridge Ct | |
| ■Director | Satellite Beach, FL 32937 | Director | Reston, VA 20191 | |
| ≅ President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | ☐Ticasurer | ∰ Secretary | ETreasurer | |
| □Other: | □ Other | □Other: | | |
| □Chairman | Mark Holmes | (DChairman | Michelle Layton | |
| □Vice Chairman | Address: 4493 Lakewood Blvd | □Vice Chairman | Address 5388 Coralwood Dr | |
| ■Director | Naples, FL 34112 | ≡ Director | Naples, FL 34119 | |
| □President | | D President | | |
| □Vice President | | □ Vice President | | |
| ☐ Secretary | □Treasurer | T. Secretary | □ Freasurer | |
| □Other. | Other | □Other | □ Other: PR | |
| □Chairman | Benjamin Macgowen | □Chairman | Name: | |
| □Vice Chairman | Address:Address: | ©Vice Chairman | Valdress: Company Comp | • |
| Director | Naples. FL 34104 | □Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □ Treasurer | □ Secretary | □ I reasurer | |
| □ Other: | Other: | □ Other: | | |
| Non-indexed indi | nt Notice. Use an attachment to report more that viduals may be added to the index when filing a Maddo Signature of Chairman, Vice Chairman, or a addox, President (Typed or printed name and capacity) | your Horida Department of the state of the s | of State Annual Report form. 12 of the application) | |
| | ((5 beg of between name and calacity | er berson siening abbarear | D 117 | |

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Cornerstone Missions, Inc. is duly incorporated under the law of the Commonwealth of Virginia:

That the corporation was incorporated on August 11, 2003;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 21, 2020

Joel H. Peck, Clerk of the Commission