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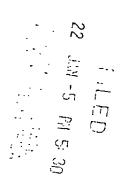
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

		tration Section ion of Corporations				
SUBJE		CORNERSTONE ELECTRICAL S	SERVICES INC.			
SODJE		Name of cor	poration - must	include suffix		
Dear Sir	r or M	adam:				
"Certific	cate o	"Application by Foreign Corpora f Existence," or "Certificate of Go ced foreign corporation to transac	ood Standing" a	nd check are subm	Business in Florida," itted to register the	
Please r	eturn	all correspondence concerning thi	is matter to the	following:		
Elizabetl	h A. R	oth, Esq.				
_		N	lame of Person			
Eno Mar	rtin Do	nahue & Roth, PLLC				
		Fi	irm/Company			
224 Mai	n Stree	et, Suite 1-C				
			Address			
Salem, N	VH 030	79		<u>_</u> ,		
-		City	y/State and Zip	code		
eroth@r	othlaw	yers.com				
		E-mail address: (to b	be used for futu	re annual report no	tification)	
For furt	her in	formation concerning this matter,	please call:			
Elizabeth Roth at 603			03	401-0121		
	Nam		rea Code	Daytime Telepho	one Number	
	Regis Divis The C 2415	tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclose Please m □ \$70.	iake ch	check for the following amount: leck payable to: FLORIDA DEPAR ing Fee 38 \$78.75 Filing Fee Certificate of Sta	: & 🗆 \$78.7	ATE '5 Filing Fee & fied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

CORNERS	STONE ELECTRICAL SERVICES INC.				
(Enter name	e of corporation; must include "INCORPORATED," ," "Corp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATI	ON."		
CORNERS	STONE ELECTRICALSERVICES of NH INC				
(If name un	available in Florida, enter alternate corporate name a	dopted for the purpose of transac	ting busines	ss in Fl	lorida)
2. New Hamp	oshire 3	55-0819106			
(State or c	ountry under the law of which it is incorporated) 3.	(FEI number, if applicable)			
4	(Date of incorporation) 5.	(Date of duration, if oth	er than perp	etual)	
6.					
0.	(Date first transacted business in	Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty hat	oility)		
7. 44 Cross St.	, Salem, NH 03079	<u></u>			
	(Principal offic	e <u>street</u> address)			
		10.100			
	(Current mailing	address, if different)	; -	22	
		D NOT (II)	; -	۲	
8. Name and	street address of Florida registered agent: (P.O.	Box NOT acceptable)	•	, 	·-·
Nam	Paul Capone			Ω,	
0.00 A 1.1	15720 Shoreline Blvd.		-	<u> </u>	
Office Addre		33917		<u>က်</u>	
		, Florida	2 •	ري (-)	
	(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.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 44 Cross Street	□Vice Chairman	Address:	
Director	Salem, NH 03079	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Tina Denise Croteau			
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 44 Cross Street	□Vice Chairman	Address:	
□Director	Salem, NH 03079	□Director		
□President		□President		<u> </u>
□ Vice President	·	□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	Other		□Other
□ Chairman	Name:	□Chairman	Name:	
☐ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
⊡Other	Other	Other		□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attack added to the index when filing your Florida Department Signature of Director of	nt of State Annual Re	eport form.	
The officer or dire	otor Signing this document (and who is listed in number alse information submitted in a document to the Departr	r 11 above) affirms the ment of State constitu	at the facts stated ites a third degree	I herein are true and that he or

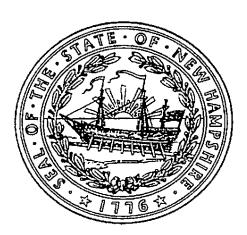
State of New Hampshire Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CORNERSTONE ELECTRICAL SERVICES INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on February 05, 2003. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 427760

Certificate Number: 0005481518



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of December A.D. 2021.

William M. Gardner Secretary of State