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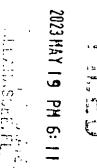
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

то:	Registration Section Division of Corporations					
CHRI	ECT: Cornerstone Foundation FV1					
SONO	Name of Corporation - must include suffix					
Dear S	r or Madam:					
Affairs	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:					
	Dawn Colon					
	Name of Person					
	Cornerstone Foundation					
	Firm/Company					
	4020 Main Street					
	Address					
	Elverson, PA 19520					
	City/State and Zip Code					
	dcolon@cfcapital.com					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call;					
Dawn	Colon 484 467-8289 at ()					
-	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Please r	ed is a check for the following amount: hake check payable to: FLORIDA DEPARTMENT OF STATE 00 Filing Fee					

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:

	Foundation, 100			
(Name of corporation in the name at part)	oration: must include the word " age as will clearly indicate that oresent. "Company" or "Co." ma	'INCORPORATED" or ' it is a corporation instea ay not be used as a corpo	CORPORATION" or word d of a natural person or part rate suffix by a nonprofit co	s or abbreviations of like nership if not so contained opporation.)
	oundation of PA	•	,,	,
(If name unav	ailable in Florida, enter alternat	te corporate name adopte	d for the purpose of transact	ting business in Florida)
Donnautuania				
2. Pennsylvania	ntry under the law of which it is	3, 23-259)	3411 (CEI number (Conn	lical-lev
4	Date of Incorporation)	5	(Date of duration, if other	er than perpetual)
(Date first cond	ucted affairs in Florida if prior to	registration. See sections	617.1501 & 617.1502, F.S.	to determine penalty liability.)
- 4020 Main Str	ucted affairs in Florida if prior to eet, Elverson, PA 19520	•		
/		(Principal office street		
			•	The second secon
		Current mailing address,	(Falistonani)	2 2
	'	Current manning address,	n unierem)	we of
. Hiring employ	ee who resides in Florida			一
(Purpose(s) of	ee who resides in Florida corporation authorized in home	state or country to be car	rried out in the state of Flori	ida)
				,
9. Name and str	eet address of Florida registe	ered agent: (P.O. Box 1	NOT acceptable)	
1 1411110.	Terry Wild			
Office Address:	301 Lakeview Drive			
	Tarpon Springs	Flor	ida 34689 (Zip Code)	
	(City)	, 1101	(Zip Code)	
10 Pagistared				
Having been na designated in th further agree to	comply with the provisions	ept the appointment as of all statutes relative	registered agent and ag to the proper and compl	ed corporation at the place ree to act in this capacity. I ete performance of my duties
and I am famili	ar with and accept the oblig	ations of my position a	is registered agent.	
	1, 1	(Registered agent's si		
		(Registered agent's si	gnature)	
11. Attached is	,	/		delivery of this application to
the Departm	nent of State. by the Secretar under the law of which it is	y of State or other offic	cial having custody of cor	porate records in the

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

A. DIRECTOR	Edward Cone		
□ Chairman	Name: 87 Livingstone Drive		Name:
□Vice Chairman	Address: Birdsboro, PA 19508	_ □ Vice Chairman	Address:
□Director		_ Director	
President		_ President	
□Vice President		_ □ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman	Name:	_ □Chairman	Name:
□Vice Chairman	Address:	_ □ Vice Chairman	Address:
□Director	W 1688 1.	_ Director	
□President		_ President	
□ 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:
Non-indexed indiv	Notice: Use an attachment to report more the iduals may be added to the index when filin (Signature of Chairman, Vice Chairman, or President (Typed or printed name and capacit	g your Florida Department o	f State Annual Report form. 12 of the application)

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

CORNERSTONE FOUNDATION

Request Type:

Subsistence Certificate

Request No.:

011501814

Receipt No.:

000420562

Filing Type:

Domestic Nonprofit Corporation

Filing Subtype:

Nonprofit Corporation

Initial Filing Date: December 04, 1989

Status:

Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

CORNERSTONE FOUNDATION

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Issuance Date: March 15, 2023

File No.:

0001538353

Albert Schmidt

Acting Secretary of the Commonwealth

Men Sehm

Verify this certificate online at www.file.dos.pa.gov



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2023

DAWN COLON 4020 MAIN STREET ELVERSON, PA 19520 US

SUBJECT: CORNERSTONE FOUNDATION INC

Ref. Number: W23000065507

We have received your document for CORNERSTONE FOUNDATION 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):

2ND REQUEST

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 723A00010111

RECEIVED NAY 1 9 2023