# MINDODOSNINS

(Requestor's Name)	<del></del>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

HERMAWAN HARTANTO 10145 DEERCLIFF DR TAMPA, FL 33647

SUBJECT: ATHENA CORNERSTONE LLC

Ref. Number: W16000070514

We have received your document for ATHENA CORNERSTONE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 216A00022200

### COVER LETTER

	gistration Section vision of Corporation	s			
SUBJECT:	ATHE.	NA CORNER	STONE LLC		
		Name of I	imited Liability Company		
				ansact Business in Florida," Cer y company to transact business i	
Please retur	n all correspondence c	oncerning this matter to the	following:		
	}	+ERMAWAN	HARTANTO		\$
		Na	une of Person		•
	A	thena Corne	urstone LLC	·	
		Fir	rm/Company		
	101	45 Deerclit	f DR		
		,	Address		
		TAMPA, FL	- 33647		
• .		City/St	ate and Zip Code		
	}-	HERMAN. HART	ANTO @ GMAIL	Com	
Lite .	<del></del>		I for future annual report no		
For further	information concerning	g this matter, please call:		•	
*	HERMAWAN	V HARTANTO  f Contact Person	at (3/7 ) 3	31-7888	¢
_	Name o	f Contact Person	Area Code Da	ytime Telephone Number	
	AILING ADDRESS: ivision of Corporations			T ADDRESS: of Corporations	
Re	egistration Section			tion Section	
	O. Box 6327 allahassee, FL 32314		2661 Ex	ecutive Center Circle ssee, FL 32301	
Enclosed is	a check for the follow	ing amount:	ŧ		
, <b>-</b>	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certified Copy	icate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BU			HE FOLLOWING 1	'S SUBMITTED :	TO REGISTI	ER A FOR	EGN L	IMITED LL	ВИЛТҮ
			CTANE	LLC					
(Name of Fore	ATHENA ign Limited Liability	Company; must in	clude "Limited L	iability Compar	ıy," "L.L.C.	," or "LL	C.")		
11116	C ATILITA		COCTIAL	- // -					
(If name unavailable, enter alt	ernate name adopted	l for the purpose of	transacting busin	ess in Florida.	The alternat	e name m	ust inclu	de "Limite	1
Liability Company," "L.L.C,"	ALAIC			Q1-111	2810	Q I			
2. (Jurisdiction under the law company is organized)	of which foreign lim	ited liability	3	(FEI numb	per, if applic	7/ able)		<del></del>	
company is organized)	· ·	•		`		,			
4	(Date first tr	ansacted business i	n Florida, if prior	to registration					•
4 . 2	(See sections 6	ansacted business i 05.0904 & 605.090	5, F.S. to determine	ine penalty liabi	ility)				
5. 414	N. MA	IN ST	5te 10	70		··-			
	$\beta_{U7}$	Ha10,	WY 82	834					
	(Str	eet Address of Prin	cipal Office)	<u> </u>					
6. 101	45 DEE	eclitt.	DR				*		
						12	2016 31112	sarainn:	
	TAMPA,	(Mailing Add	ress)			7×36	2	11	
7. Name and street address	of Florida regista	rad agant: (P.O.	Dow NO'F again	mtahla)		25 25 25 25 25 25 25 25 25 25 25 25 25 2	rs.	-	
				-		Mo	<b>∞</b>	Ш	
Name:		AWAN !		<u>0</u>		Solution	ס	D	
Office Address:	10145	Deercli	4 DR			RAT	# 2		
	•	TAM DA		Florida	3364	4 7 m	_		
<b>B</b>		(City)			(Zip code	:)			Seed of
Registered agent's accepts Having been named as reg designated in this applicati to complywith the provision accept the obligations of m	istered agent and ion, I hereby acce ns of all statutes r	ot the appointme elative to the pro stered agent.	nt as registered	agent and ag te performand	ree to act i	n this ca	pacity.	I further	agree
A) (7)			-						
8. The name, title or capac	city and address of	the person(s) wh	o has/have auth	ority to manag	e is/are:	-1 1	/ 1	, ,	
	MAWAN	HARTA	NTO	MEM	BER	Of T	he L	2	
	····								
9. Attached is a certificate of jurisdiction under the law of the translator must be sub-	f which it is organ	ized. (If the certif	icate is in a fore	rign language,	official hav a translatio	ving custo on of the	ody of recentification	ecords in tate under	he oath
•		Signature of a	n authorized pers	on					
This document is executed is submitted in a document to a	n accordance with the Department of	State constitutes  HERM	a third degree fe	lony as provid HART	led for in s	.817.155	e inform , F.S.	nation	
		Typed or printe	ed name of signee	!					

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Athena Cornerstone LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on October 10, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000728967.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of October, 2016 at 11:27 AM. This certificate is assigned 021292527.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.