

M22000009153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800383819788

2022 JUN 10 PM 2:18
TALLAHASSEE, FL

RECEIVED
2022 JUN 10 PM 12:03
TALLAHASSEE, FL

S. ROBERTS

JUN 10 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 736422 ; 4311863

AUTHORIZATION :

COST LIMIT : \$ 4,000.00

** please charge*

ORDER DATE : June 10, 2022

ORDER TIME : 10:55 AM

ORDER NO. : 736422-005

CUSTOMER NO: 4311863

waiver is needed, thank you

FOREIGN FILINGS

NAME: CORNERSTONE RENOVATION GROUP,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Renovation Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carol Buckalew

Name of Person

Blank Rome LLP

Firm/Company

One Logan Square, FL 9

Address

Philadelphia, PA 19103

City/State and Zip Code

tom.dubnicka@bassettcreekservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Buckalew

215

988-6985

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Cornerstone Renovation Group, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Cornerstone Renovation BSC, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-2737098

(FEI number, if applicable)

4. December 15, 2017

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1360 Union Hill Rd, Ste. 6AB

(Street Address of Principal Office)

6. 1360 Union Hill Rd, Ste. 6AB

(Mailing Address)

Alpharetta, GA 30004

Alpharetta, GA 30004

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida

32301

(Zip code)

2022 JUN 10 PM 2:18
TALLAHASSEE, FL
CORPORATION SERVICE COMPANY

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Corporation Service Company

By: Eylina Bahor

Assistant Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Sean Slatinsky

☒ Member Address: 1360 Union Hill Rd, Ste. 6AB

☐ Authorized Alpharetta, GA 30004

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sydney Waugh

☒ Member Address: 1360 Union Hill Rd, Ste. 6AB

☐ Authorized Alpharetta, GA 30004

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Tom Dubnicka

☐ Member Address: 1360 Union Hill Rd, Ste. 6AB

☒ Authorized Alpharetta, GA 30004

Person _____

☒ Other CFO ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Steven Caliendo

☒ Member Address: 1360 Union Hill Rd, Ste. 6AB

☐ Authorized Alpharetta, GA 30004

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dan O'Brien

☐ Member Address: 1360 Union Hill Rd, Ste. 6AB

☒ Authorized Alpharetta, GA 30004

Person _____

☒ Other President/CEO ☐ Other _____

☐ Manager Name: Peter Roushdy

☐ Member Address: 1360 Union Hill Rd, Ste. 6AB

☒ Authorized Alpharetta, GA 30004

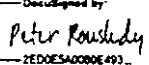
Person _____

☒ Other VP ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

 2ED0E5A0C00E493

Signature of an authorized person

Peter Roushdy

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORNERSTONE RENOVATION GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORNERSTONE RENOVATION GROUP, LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7181395 8300

SR# 20222683222

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203645970

Date: 06-10-22