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PICK-UP WAIT MAIL					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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OIVISION OF CORPORATIONS
2009 SEP | L PM 5: 02

of 9/15/09

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	_	ONE /NO		S INC
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:	-
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM:	Sabrena Nam 547 Suventi	Corcoran e (Printed or typed)	<u> </u>	
E	Eugene, OR city	Address 97404 , State & Zip		SECRETAR DIVISION OF 1
	Shahud	7464 Telephone number	notification)	FILED STATE STORE CORPORATIONS

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 SEP 14 PM 12: 07

DEPARTMENT OF STATE
UIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 14, 2009

SABRENA CORCORAN 547 SWEETWATER LN EUGENE, OR 97404

SUBJECT: CORNERSTONE INOVATIONS INC.

Ref. Number: W09000032223

We have received your document for CORNERSTONE INOVATIONS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 509A00024100

SECRETARY OF STATE OIVISION OF CORPORATION

Division of Compositions P.O. POV 6227 Tellahassas Florida 22214

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) f the corporation shall be: (Spelling is Correct) CORNERSTONE INOVATIONS INC. ARTICLE I The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 547 Sweet Water Un. Eugene, OR 97404 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ALL LEGAL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): (Sabrena Corcorar ARTICLE VI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Sabrena Corcoran (e538 Collins Ave # 259 Mami Beach, FL 33141 ARTICLE VII The name and address of the Incorporator is: Sabrera Corrovan 547 Sweetwater Ln Eugeno, OR 97404 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity ignature/Registered Agent $\frac{7-7-9}{\text{Date}}$