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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

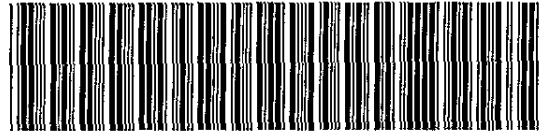
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03 JAN 27 AM 8:54  
TALLAHASSEE FLORIDA



ANDERSON  
LAW GROUP, PLLC

January 10, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: CORNERSTONE IV, LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Two original Articles of Organization for the above referenced entity;
2. A signed acceptance from the Resident Agent;
3. A check for \$160.00 (\$100.00 for the filing fee, \$25.00 for the Designation of Registered Agent and \$30.00 for a Certified Copy and \$5.00 for the Certificate of State), made out to the Florida Department of State; and
4. A pre-paid return envelope.

Please file the Articles of Organization and return the certificate to me in the enclosed pre-paid envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741 ext. 117

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jeff T. Graham', with a long horizontal flourish extending to the right.

Jeff T. Graham  
Organizer

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CORNERSTONE IV, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**8619 REEDY BRANCH DRIVE; JACKSONVILLE, FL 32256**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**LINDA N. KELLEY**

Name

**8619 REEDY BRANCH DRIVE**

Florida street address (P.O. Box **NOT** acceptable)

**JACKSONVILLE FL 32256**

City, State, and Zip

STATE OF FLORIDA  
ALLIANCE SECRETARIES

03 JAN 27 AM 8:54

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*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

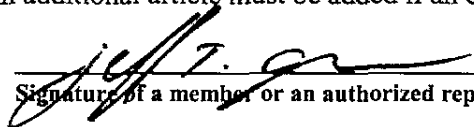
**SEE ATTACHED**

Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JEFF T. GRAHAM, ORGANIZER**

Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**ACKNOWLEDGEMENT OF REGISTERED AGENT  
OF**


**CORNERSTONE IV, LLC**

I, Linda N. Kelley, having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the following place of business:

**Street/Mailing:** 8619 REEDY BRANCH DR.  
JACKSONVILLE, FL 32256

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Dated this 16 day of January, 2003.

  
Linda N. Kelley, Registered Agent

Address: 8619 Reedy Branch Dr.  
Jacksonville, FL 32256