

B130000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

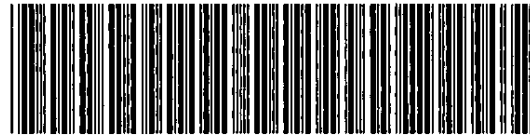
Special Instructions to Filing Officer:

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L. SELLERS

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Office Use Only



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13 JUL 25 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Partners Limited Partnership

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Scott Stewart

Contact Person

Cornerstone Partners Ltd Partnership

Firm/Company

PO Box 1208

Address

Lake City, FL 32056

City, State and Zip Code

linda@westfieldlakecity.com

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

For further information concerning this matter, please call:

Linda Walser

at (**386**) **755-0757**

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees
(\$965 Filing Fee and
\$35 Registered Agent
Fee)

☐ \$1,008.75 Filing Fees
and Certificate of
Status

☐ \$1,052.50 Filing Fees
and Certified Copy

☐ \$1,061.25 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

SCOTT STEWART
PO BOX 1208
LAKE CITY, FL 32056

SUBJECT: CORNERSTONE PARTNERS LIMITED PARTNERSHIP
Ref. Number: W13000038620

We have received your document for CORNERSTONE PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

The effective date must be specific and cannot be prior to the date of filing.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 213A00016703

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. Cornerstone Partners Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

Cornerstone Partners LP SD

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. South Dakota

State or Country of Formation

3. Dec 15, 2011

Date of Formation

4. Federal Employer Identification Number: 36-4720032

5. Name of Registered Agent for Service of Process and Florida Street Address:

Scott Stewart

426 SW Commerce Dr, suite 130

Lake City, FL 32025

6. 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.

Signature of Registered Agent

7. Principal Office:

426 SW Commerce Dr, Suite 130

Lake City, FL 32025

8. Mailing Address:

PO Box 1208

Lake City, FL 32056

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Scott Stewart

Street Address: 426 SW Commerce Dr, Ste 130

Lake City, FL 32025

Mailing Address: PO Box 1208

Lake City, FL 32056

Name of General Partner: Pam Stewart

Street Address: 426 SW Commerce Dr, Ste 130

Lake City, FL 32025

Mailing Address: PO Box 1208

Lake City, FL 32056

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____

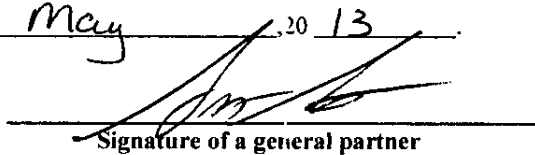
Street Address: _____ Street Address: _____

Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: ~~5/15/13~~ 7/20/13
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 21 day of May, 2013.

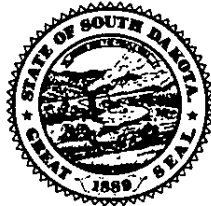


 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

Certificate of Fact

ORGANIZATIONAL ID #: DP002284

I, **Jason M. Gant**, Secretary of State of the State of South Dakota, do hereby certify that **CORNERSTONE PARTNERS LIMITED PARTNERSHIP** was filed with our office on **December 15, 2011** and is still on the active list and has not filed for dissolution with our office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this June 21, 2013.



Jason M. Gant
Secretary of State