Division of Corporations



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To:

Division of Corporations

Fax Number

. (850)922-4003

From:

: MICHAEL L. BERRY, JR., P.A. Account Name

Account Number : 120000000089 (904) 285-4529 Phone : (904)285-5336 Fax Number

LIMITED LIABILITY COMPANY

Cornerstone Benefit Solutions, LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION FOR CORNERSTONE BENEFIT SOLUTIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, hereby adopts the following Articles of Organization:

### ARTICLE I (Name)

The name of the limited liability company is Cornerstone Benefit Solutions, LLC ("the Company").

#### ARTICLE II (Address)

The principal office and mailing address of the limited liability company will be located at 103 Turtle. Walk, Ponte Vedra Beach, Florida 32082.

## ARTICLE III (Duration and Continuation)

The limited liability company shall have perpetual existence, commencing upon August 24, 2000, or such other date no more than five (5) days prior to the filing of these Articles of Organization with the Florida Department of State, whichever is later.

## ARTICLE IV (Purpose)

The general purpose of the limited liability company and the nature of the business to be transacted by the limited liability company are to engage in any and all activities and exercise any and all powers, rights, and privileges for which a limited liability company may now or hereinafter be organized under the laws of the State of Florida.

### ARTICLE V (Registered Agent and Office)

The street address of the initial registered office of this limited liability company is Four Sawgrass Village, Suite 230, Ponte Vedra Beach, Florida 32082, and the name of the initial registered agent of this limited liability company at that address is Michael L. Berry, Jr.

### ARTICLE VI (Additional Members)

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Additional members may be admitted as provided in the Operating Agreement of the Company.

## ARTICLE VII (Members' Rights to Continue Business)

The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the Company will be as provided in the Operating Agreement of the Company.

# ARTICLE VIII (Management)

The Company affairs will be conducted, carried on, and managed by one (1) or more members, who will retain such position(s) until removed and replaced by the members of the company as authorized by the Operating Agreement.

#### APPOINTMENT OF REGISTERED AGENT

The undersigned, Cornerstone Benefit Solutions, LLC, a Florida limited liability company, with its principal offices in, St. Johns County, Florida, hereby appoints Michael L. Berry, Jr., a natural person residing in Duval County, Florida, as its statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the undersigned may be served. The complete address of said statutory agent is Four Sawgrass Village, Suite 230, Ponte Vedra Beach, FL 32082.

Dated: August 23, 2000.

CORNERSTONE BENEFIT SOLUTIONS, LLC

ACKNOWLEDGMENT OF APPOINTMENT

### TO: CORNERSTONE BENEFIT SOLUTIONS, LLC

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

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appointment as statutory registered agent of the above company 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.

. August 23, 2000.

Michael L. Berry, Jr.

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