

**Ld000021495**

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H01000120640 7)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : FARR, FARR, EMERICH, SIFRIT, HACKETT AND CARR, P.A.  
Account Number : 103654001666  
Phone : (941)639-1158  
Fax Number : (941)639-0028

**AL**

**LIMITED LIABILITY COMPANY**

**CORNERSTONE GROVE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

H010001206407

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I— Name:

The name of the Limited Liability Company is:

CORNERSTONE GROVE, LLC

## ARTICLE II — Address:

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

CORNERSTONE GROVE, LLC

## Mailing Address:

c/o Darol H. M. Carr, Esquire  
Farr, Farr, Emerich, Sifrit, Hackett & Carr, P.A.  
Post Office Drawer 511447  
Punta Gorda, Florida 33951-1447

## Street Address:

99 Nesbit Street  
Punta Gorda, FL 33950

## ARTICLE III — Registered Agent, Registered Office, &amp; Registered Agent's Signature:

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

Darol H. M. Carr, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett and Carr, P.A.  
99 Nesbit Street  
Punta Gorda, Florida 33950

*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.*

  
\_\_\_\_\_  
Darol H. M. Carr, Registered Agent

## ARTICLE IV — Management

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

  
\_\_\_\_\_  
Darol H. M. Carr, Manager\_\_\_\_\_  
Darol H. M. Carr

Typed or printed name of signee

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

H010001206407

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 DEC 11