

Division of Corporations

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**LD2000011424****Florida Department of State**

Division of Corporations

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To:

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

From:

*Minetto Rivers*

Account Name : BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4177  
Fax Number : (305) 373-6036

**LIMITED LIABILITY COMPANY****CORNERSTONE COQUINA COVE, L.L.C.**

Certificate of Status	1
Certified Copy	1
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION  
OF  
CORNERSTONE COQUINA COVE, L.L.C.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I - Name**

The name of the Limited Liability Company is: **Cornerstone Coquina Cove, L.L.C.**

**ARTICLE II - Address**

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

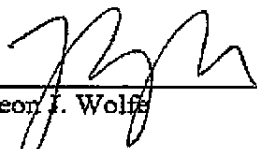
2121 Ponce de Leon Blvd., PH  
Coral Gables, Florida 33134

**ARTICLE III - Registered Agent/Office**

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


Leon J. Wolfe  
2121 Ponce de Leon Blvd., PH  
Coral Gables, Florida 33134

*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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Leon J. Wolfe

The undersigned member has executed these Articles of Organization this 30<sup>th</sup> day of April 2002.

**M3, Inc.,** a Florida corporation, as member

By:   
\_\_\_\_\_  
Leon J. Wolfe, President

(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.)  
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SECRETARY OF STATE  
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