

Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 673-0347  
Fax Number : (305) 532-0738

DIVISION OF CORPORATION

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**LIMITED LIABILITY COMPANY**

**Cornerstone Properties, L.L.C**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
Cornerstone Properties, L.L.C

**ARTICLE II ADDRESS**

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

P.O. Box 783302

Winter Garden, FL 34778

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

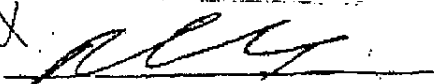
The name and the Florida street address of the registered agent are:

Peter Zakhary

3740 Fallscrest Circle

Clermont, Florida 34711

Having been named as registered agent 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..

X 

Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one member or more members and is, therefore, member – managed company.

**ARTICLE V MEMBERS (optional)**

Managing Member :

Peter Zakhary

3740 Fallscrest Circle Clermont, Florida 34711

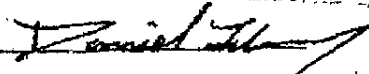
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PAGE 2 Cornerstone Properties, L.L.C.  
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Managing Member :  
Daniel Flannery  
3834 Fallscrest Circle Clermont , Florida 34711

\*\*\*\*\*

X  


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

(In accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Peter Zakhary

Typed or printed name of signee

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