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TALLAHASSEE FLORIDA

N. O'Brien JUN - 5 2008

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Nolan Jackson Insurance DBA Cornerstone Insurance of Florida, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen M Jones

(Name of Person)

Cornerstone Insurance of Florida, LLC

(Firm/Company)

6702C Plantation Rd. Ste b

(Address)

Pensacola, FL 32504

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen M Jones at (850) 450-6374
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2008

STEPHEN M. JONES
6702C PLANTATION ROAD, SUITE B
PENSACOLA, FL 32504

SUBJECT: NOLAN JACKSON INSURANCE DBA CORNERSTONE
INSURANCE OF FLORIDA LLC
Ref. Number: W08000026101

We have received your document for NOLAN JACKSON INSURANCE DBA CORNERSTONE INSURANCE OF FLORIDA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 708A00033440

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:


~~Nolan Jackson Insurance DBA~~ Cornerstone Insurance of Florida, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6702c Plantation Rd ste b
Pensacola, FL 32504

Mailing Address:

6702C Plantation Rd. Ste b
Pensacola, FL 32504

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stephen M Jones

Name

6702C Plantation Rd. Ste b

Florida street address (P.O. Box **NOT** acceptable)

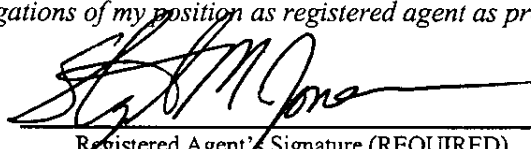
Pensacola, 32504

FL

City, State, and Zip

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TALLAHASSEE FLORIDA

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Stephen M Jones

6702C Plantation Rd. Ste b

Pensacola, FL 32504

MGRM

Nolan Jackson

2305 West Park Place Blvd. - Stone Mountain, GA 30087

MGRM

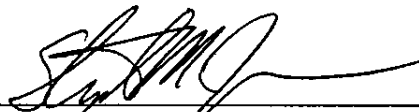
Nolan Jackson Insurance
2305 W. Park Pl. Blvd
Stone Mountain, GA 30087

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(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.)

Stephen M. Jones

Typed or printed name of signee

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08 JUN -5 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)