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(Requestor's Name)					
(A.1.)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
OCT 23 2008					
EXAMINER					

Office Use Only



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COVER LETTER

	egistration division of C	Section orporations				
SUBJECT: Cornerstone Consulting, LLC.						
*						
The enclose	sed Articles	of Organization and fee(s) are	submitted	l for filin	g.	
Please retu	ırn all corres	pondence concerning this mat	ter to the	followin	g:	
Jι	ıdith K.	Corner				
			(Name of	Person)		
С	ornersto	one Consulitng				
			(Firm/Cor	npany)		
66	550 Sun	set Way Suite 50)3			
			(Addn	ess)		
S	t Pete	Beach FL 33706				
		(Cit	ty/State and	I Zip Cod	de)	
For further	r informatior	concerning this matter, pleas	e call:			
David N. Corner			at (7	27	424-0718	
	(Nam	e of Person)		(Area Co	de & Daytime Telephone Number)	
Enclosed	is a check f	for the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified Co	ng Fee & S160.00 Filing Fee, opy Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton 1 2661 Ex	Courier Address tion Section n of Corporations Building tecutive Center Circle	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2008

JUDITH K. CORNER 6650 SUNSET WAY, STE. 503 ST PETE BEACH, FL 33706

SUBJECT: CORNERSTONE CONSULTING, LLC.

Ref. Number: W08000046265

We have received your document for CORNERSTONE CONSULTING, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is M78169.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Division of Cornerations - P.O. BOY 6327, Tallahassas, Florida 32314

Letter Number: 208A00052929

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:				
Cornerstone Consulting, LLC.	CORNERSTONE CONSULTS, LLC.				
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
6650 Sunset Way	6650 Sunset Way				
Suite 503	Suite 503				
St. Pete Beach FL 33706	St. Pete Beach FL 33706				
	Name				
6650 Sunset Wa	eet address (P.O. Box <u>NOT</u> acceptable)				
St. Pete Beach	FL 33706				
	State, and Zip				
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all ete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.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:				
MGRM	Judith K. Corner				
	6650 Sunset Way Suite 503				
	St. Pete Beach FL 33706				
MGRM	David N. Corner				
	6650 Sunset Way Suite 503				
	St. Pete Beach FL 33706				
•					
					
(Use attachment if necessary)					
ARTICLE V: Effective date if other than the da	ate of filing: (OPTIONAL)				
(If an effective date is listed, the date must be sto or 90 days after the date of filing.)	specific and cannot be more than five business days prior				
REQUIRED SIGNATURE:					
Signature of a marrier	ex an authorized representative of a member				
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.)					
Judith K. Corner					
	d or printed name of signee				

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)

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