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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

J. BRYAN

SEP - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C			·
SUBJ	ECT:	CORNERS	STONE AMERICA, L.L.C.	SE SE
		Name of Limi	ted Liability Company	EGE SE
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	09 SEP -8 PM 2: 39 SECRETARY OF STATE FALLAHASSEE, FLORID
Please	return all corres	pondence concerning this man	tter to the following:	EFF.
			John S. White	39 REF
			Name of Person	Total
Cornerstone America, L.L.C.				
	Firm/Company			
	200 MacFarlane Drive, Apartment 804			
			Address	
		Delra	y Beach, FL 33483	•
		Ci	ty/State and Zip Code	
		johns	white@comcast.net for future annual report notification)	
For fur	ther information	concerning this matter, pleas	•	
i Oi iui	thei information	concerning this matter, pieas	c can.	
		n S. White		-2037
	Name	e of Person	Area Code & Daytime Telepho	ne Number
Enclos	sed is a check f	for the following amount:	•	
] \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	160.00 Filing Fee, ertificate of Status & ertified Copy additional copy is enclosed
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee, FL 32314	2661 Executive Center Circl	e

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	£9 00			
The name of the Limited Liability Company is:	SEP -			
Cornerstone Ame	urica IIC			
(Must end with the words "Limited Liabil	ity Company ""L.L.C." or "LLC.")			
•	incinal office of the Limited Liability Common is			
ARTICLE II - Address:	SE W			
The mailing address and street address of the pr	incipal office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
200 MacFarlane Drive, Apartment 804	200 MacFarlane Drive, Apartment 804			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)				
The name and the Florida street address of the re	egistered agent are:			
John S. V	White			
Name				
200 MacFarlane Drive, Apartment 804				
Florida street address (P.O.	Box NOT acceptable)			
Delray Beach, FL 33483	FL			
City, State, ar	nd Zip			
Trustee Land and Land				

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member John S. White 200 MacFarlane Drive, Apartment 804 Delray Beach, FL 33483 (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.) John S. White Typed 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)