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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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	CERTIFIED COPY PHOTOCOPY CUS FILING	GS UC	
1.	Corporate NAME AND DOCUM	deling & Prenovations, LLC.	
2.	(CORPORATE NAME AND DOCUM	1ENT #)	
3.	(CORPORATE NAME AND DOCUM	ΠΕΝΊ #)	
4.	(CORPORATE NAME AND DOCUM	1ΕΝΤ #)	
5.	(CORPORATE NAME AND DOCUM	IENΤ#)	
6.	(CORPORATE NAME AND DOCUM	1ENT #)	
SPECIA	L INSTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Cornerstone Remodeling & Renovations, LLC.

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

ARTICLE II - Address:

Orlando

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

Principal Office Address:	Mailing Address:
5601 Kevin Avenue	5601 Kevin Avenue
Orlando, FL 32819	Orlando, FL 32819
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street address	s of the registered agent are:
Mark A. Westfa	II
	Name
5601 Kevin	Avenue
Florid	a street address (P.O. Box NOT acceptable)

City, State, and Zip

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)

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

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

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Mark A. Westfall
	5601 Kevin Avenue
	Orlando, FL 32819
-	
·	
	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: N/A . (OPTIONA
fective date is listed, the date mus	t be specific and cannot be more than five business day
days after the date of filing.)	
	1
REQUIRED SIGNATURE:	
	11 A A

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

(In accordance with section 608, 108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mark A. Westfall

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)