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EFFECTIVE DATE 1/2/2012

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CCT: Cornerstone Math Tutoring, LLC. Name of Limited Liability Company			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
Please :	return all correspondence concerning this matter to the following:			
-	Anthony Velardocchia Name of Person			
Cornerstone Math Tutoring, LLC. Firm/Company				
1403 Tiara Lane Address				
-	Tarpon Springs, FL 34689 City/State and Zip Code			
rocketmne tampbay, rr. com E-mail address: (to be used for future annual report notification)				
For furt	her information concerning this matter, please call:			
Antl	Name of Person at (727) 430-1984 Area Code & Daytime Telephone Number			
Enclose	ed is a check for the following amount:			
\$125.00	Filing Fee \$\sum_{\text{S130.00}}\$\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\sum_{\text{Certified Copy}}\$\$ (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FOR IIC
Cornerstone Math Tu (Must end with the words "Limited Liability	<u>. [0] 11)Q: [-[-[-]</u>
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
28 N. Pinellas Ave. Suite B Tarpon Springs, FL 34689 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe	
 .	ess (P.O. Box NOT acceptable)
Tarpon Springs, City, Stat Having been named as registered agent and to a	e, and Zip ccept service of process for the above stated limited

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Anthony Velardocchia 1403 Tiara Lane Tarpon Springs, FL 34689
	

ARTICLE V: Effective date, if other than the date of filing: January 2, 2012. (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:

(Use attachment if necessary)

thony Velardochim 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. 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.)

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)