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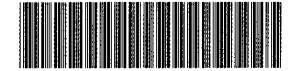
(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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B. KOHR

FEB 1 4 2012

**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CCT: Cornerstone Land Management, LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please t	return all correspondence concerning this matter to the following:
-	Elizabeth Brakey Name of Person
-	Firm/Company
-	Name of Person  Firm/Company  19764 Paddack St.  Address
For furt	Or bouds, FL 32833  City/State and Zip Code  1 i Sabay pointe abell south net  E-mail/address: (to be used for future annual report notification)  her information concerning this matter, please call:
	Name of Person at (401) 578-5109  Area Code & Daytime Telephone Number
	Filing Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$155.00 Filing Fee & 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:	<b>1</b>		
Cornerstone Land M (Must end with the words "Limited Liability	anggement LLC 5		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
19764 Raddack St. Orlandor FL 32833	509 9, Chicasaw Tr., #23 Orlando FL 32825-7852		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another		
The name and the Florida street address of the re-	gistered agent are:		
Flizabeth Brah Name	<u> </u>		
19764 Paddock Florida street addre	St.  Sess (P.O. Box <u>NOT</u> acceptable)		
Orlando City, State	FL 32833 e, and Zip		
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S		
Registered Agent's Signatur	e (RKOUIRED)		
(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 <u>Managina Member</u> Member (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. 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.) izabeth Rakey
Typed or printed name of signee

> \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

of Registered Agent

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation