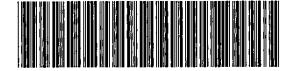
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(Re	equestor's Name)			
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B. BOSTICK
MAY - 1 2012
EXAMINER

# **COVER LETTER**

TO:	Registration Division of C		·		
SUBJE	, ECT:	Cornar	L.L.C.		
		Name of Limited	Liability Company	<u> </u>	
The en	closed Articles	of Organization and fee(s) are sub	omitted for filing.		
Please	return all corre	spondence concerning this matter	to the following:		
			O NARVAEZ		_
		Na	ame of Person		
		Cor	nar L.L.C.		_
		Fi	irm/Company		_
		617 MAJES	TIC OAK DRIVE		
			Address		
		APOPKA, F	FLORIDA 32712	12 B	
		•	tate and Zip Code	2 P	1
-			p@hotmail.com future annual report notification)	<u> </u>	<u>"</u>
- A		•	- ,		<u>[</u> "i
For fur	ther information	n concerning this matter, please ca	ill:	PH 3: 3 GE STATE E. FLUKII	***
4	ARMAND	O NARVAEZ	<sub>.t.(</sub> 321 <sub>)</sub> 277 - 0699		
	Nam	e of Person	Area Code & Daytime Telephone	Number	
Enclos	sed is a check	for the following amount:			
		\$130.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, tificate of Status of tified Copy itional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lin	mited Liability Company is:			
	Cornar L.l	C.		
(Mu:	st end with the words "Limited Liabil	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Add The mailing address		incipal office of the Limited L	Liability Con	npany is:
Principal Office A	ddress:	Mailing Address:		
617 MAJESTIC OAK DRIVE		SAME		
APOPKA, FLO	ORIDA 32712			
(The Limited Liability Co business entity with an a	mpany cannot serve as its own Regist ctive Florida registration.)  Torida street address of the reaction ARMANDO N			er
617 MAJESTIC (		OVK DBIVE	r - 1 4	***
		ress (P.O. Box NOT acceptable)	OF STATE	3
	APOPKA	EL 32712	温温	ა -
	City, Sta	ite, and Zip	_	
liability compar registered agent an statutes relating t	ny at the place designated in t nd agree to act in this capacity to the proper and complete pe	accept service of process for the his certificate, I hereby accept to I further agree to comply with a formance of my duties, and I destered agent as provided for in	the appointm th the provisi am familiar v	ent as ions of al vith and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR IRMA L. CORDERO 617 MAJESTIC OAK DRIVE APOPKA, FLORIDA 32712 (Use attachment if necessary)

. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

IRMA L. CORDERO

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)