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(Requestor's Name)		
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(City/Citato/E.p/) Helio hy		
PICK-UP WAIT MAIL		
· ·		
(Business Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only

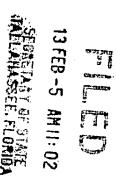
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## **COVER LETTER**

TO: Registration Sec Division of Corp		- Octor	1
SUBJECT:	Mer Stone Name of Limite	d Liability Company	onal Service Gri
The enclosed Articles of O	organization and fee(s) are so	ubmitted for filing.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please return all correspon	dence concerning this matte	r to the following:	
Danie	el PD1	Name of Person	Par Co
-39	8 Galdw	Firm/Company Corn	erstone Professional Services
3918	Caldwell	Address	
Talled	nassee FL	32310 //State and Zip Code	· · · · · · · · · · · · · · · · · · ·
Toiland	tears 97 D	Callot . 20m	,
For further information co	ncerning this matter, please	call:	
William S Name of	Person	at (800) 509- Area Code & Daytime Telep	0899 hone Number
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee (	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Limited Liability Company is:	,
Cornerstone Profession (Must end with the words "Limited Liability	red Bervices LLC ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3918 Caldwell Dr Tallahasseeft 32310	3918 Caldwell Dr Tallabussec FL 32310
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 Elorida street address of the result of the Register address of the Register	ered Agent. You must designate an individual or another
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	Daniel R. Diel 1 3918 Caldwell Dr Tallahassee FL 32310
MOR	William Stone 3824 Wiggington Rd Tallahassee FD 32303
<del></del>	
(Use attachment if necessary)	
RTICLE V: Effective date, if other to an effective date is listed, the date is or 90 days after the date of fi	than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business day (ling.)
REQUIRED SIGNATURE:	
Signature of a	a member of no authorized representative of a member.
constitutes an affirmati I am aware that any fal	oction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree 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)

Typed or printed name of signee