

L14000169952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

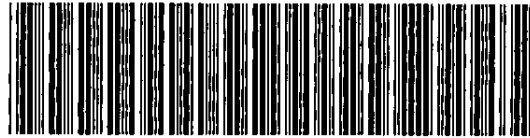
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265701270

10/30/14--01030--002 **130.00

FILED
2014 OCT 30 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL 32304

N. Gulligan OCT 31 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORNERSTONE HOMES REALTY OF JACKSONVILLE, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDDIE WILKINSON

Name of Person

CORNESTONE HOMES LLC

Firm/Company

8323 RAMONA BLVD, WEST- SUITE 6

Address

JACKSONVILLE, FL 32221

City/State and Zip Code

eddie.wilkinson@cornerstonehomesjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Wilkinson

Name of Person

at (904)

Area Code

786-7000 ext 225

Daytime Telephone 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

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 Limited Liability Company is:

CORNERSTONE HOMES REALTY OF JACKSONVILLE, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8323 RAMONA BLVD WEST
SUITE 6
JACKSONVILLE, FL 32221

Mailing Address:

8323 RAMONA BLVD WEST
SUITE 6
JACKSONVILLE, FL 32221

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PATRICK RYAN DAVIS

Name

8323 RAMONA BLVD. WEST, SUITE 6

Florida street address (P.O. Box **NOT** acceptable)

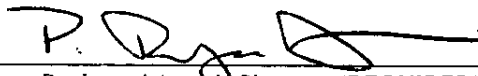
JACKSONVILLE

City

FL 32221

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 OCT 30 PM 3:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JOHN MARK DOWNING

8323 RAMONA BLVD. WEST, SUITE 6

JACKSONVILLE, FL 32221

MGR

PATRICK RYAN DAVIS

8323 RAMONA BLVD. WEST, SUITE 6

JACKSONVILLE, FL 32221

(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.)

ARTICLE VI: Other provisions, if any.

The Company is formed for the purpose of operating a real estate sales and brokerage service and any and all matters, the business of the Company shall be conducted, carried on, and managed by no fewer than two (2) members, who will have the rights and responsibilities described in the Company Operating Agreement.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

PATRICK RYAN DAVIS

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 30 PM 3:16

FILED