

L15000050912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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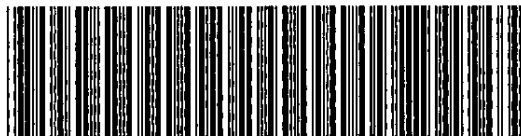
(Business Entity Name)

(Document Number)

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02/11/15--01017--016 \*\*155.00

Effective Date 2/11/15

FILED  
2015 FEB 11 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 24 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cornerstone Business and Marketing, 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:

Hilario James  
Name of Person

Cornerstone Business and Marketing  
Firm/Company

486 Belle Grove Lane  
Address

Royal Palm Beach, FL 33411  
City/State and Zip Code

jameslarry1471@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hilario James at ( 561 ) 704-4779  
Name of Person Area Code 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2015

HILARIO JAMES  
486 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411

SUBJECT: CORNERSTONE BUSINESS AND MARKETING, LLC  
Ref. Number: W15000012090

We have received your document for CORNERSTONE BUSINESS AND MARKETING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 11, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 415A00003484

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Effective Date 2/11/15

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cornerstone Business and Marketing, 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:**

486 Belle Grove Lane  
Royal Palm Beach, FL 33411

**Mailing Address:**

486 Belle Grove Lane  
Royal Palm Beach, FL 33411

**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:

Hilario James

Name

486 Belle Grove Lane

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

Royal Palm Beach

City

FL 33411

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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Hilaro James

486 Belle Grove Lane

Royal Palm Beach, FL 33411

AMBR

Renee Page

486 Belle Grove Lane

Royal Palm Beach, FL 33411

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~01/09/2015~~ 2/11/15 <sup>HS RP</sup> (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.

**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.)

HILARIO JAMES JR.

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)