# L1500113341

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only

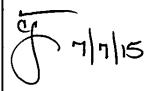
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#### COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	T: Cornerstone Se	ervice S	Solutions, LLC	
30.00		f Limited Liabili	ty Company	
The enclo	sed Articles of Organization and fee	(s) are submitted	for filing.	
Please ret	urn all correspondence concerning th	is matter to the f	following:	
	Mildred Sein Co	oke		
		Name of	Person	<del> </del>
	Cornerstone Se	rvice S	olutions, LLC	
		Firm/Co	mpany	
	8013 Lake Park	Estate	s Blvd.	
		Addre	ess	
	Orlando, FL 328			
	mcooke@cornerstone	City/State and servicesolu	•	
			r future annual report notification	on)
	r information concerning this matter,	•		
Mild	red S. Cooke Name of Person	<sub>at</sub> 407	839-3626	
	Name of Person	Area Code	Daytime Telephone Numb	er
Enclosed i	is a check for the following amount:			
\$125.00 F	Filing Fee \$130.00 Filing Fee Certificate of Status	s Certifi	ed Copy Certiful Copy is enclosed Certiful Certi	00 Filing Fee, icate of Status & ied Copy nal 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	15 JUL -2 PM 3. 36



RECEIVED JUL 2 2015

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2015

MILDRED SEIN COOKE 8013 LAKE PARK ESTATES BLVD. ORLANDO, FL 32818

SUBJECT: CORNERSTONE SERVICE SOLUTIONS, LLC

Ref. Number: W15000042920

IN CHECK WAS DEPOSITED & HAS CLEARED BANK.

IN TO CORNERSTONE SERVICE SOLUTIONS COPY ATTACHED

We have received your document for CORNERSTONE SERVICE SOLUTIONS, LLC and your check(s) totaling \$130.00. 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 . Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 515A00013083

15 JUL -2 PH 3 36

## EFFECTIVE DATE 101/15

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(30411)	CIADOI ORGANIZATIO	, ii Oiti L		I COMI	CMLTX		water a design
ARTICLE I - Name: The name of the Limited	Liability Company is:			15	JUL	-2	PH 3. 36
				A. (	Alia	GE.	TR 3-36 子系列TE . C. Ring
Cornerstone Service Solutions,					,		
(M	ust end with the words '	Limited L	iability Company, "L.L.C.,	," or "LL	.C.")		
ARTICLE II - Address	:						
The mailing address and	street address of the pri	ncipal offi	ce of the Limited Liability	Compan	y is:		
Principal Office Addre	ss:	Mailing	Address:				
8013 Lake Park Estates Blvd			8013 Lake Park Estates Blvd				
Orlando, FL 32818		_	Orlando, FL 32818				
	ompany cannot serve as	its own R	Registered Agent's Signa egistered Agent. You must		le an in	divid	ual or
The name and the Florid							
<u>.                                    </u>	Mildred S. Cooke			_			
		Name		_			
8	013 Lake Park Estates Blvd.			_			
	Florida street address (I	P.O. Box <u>N</u>	IOT acceptable)				
<u>_</u>	Ortando		FL 32818	_			
	City		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.

Muldred & Cov-fee
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	<del></del>
'MGR" = Manager	
MGR	Mildred S. Cooke
	8013 Lake Park Estates Blvd.
	Orlando, FL 32818
	——————————————————————————————————————
<del></del>	
(Use attachment if necessary)	
	, ,
	1. CCV 7/4 2015 (OPTIONAL)
f filing.)	date of filing: 71112015 (OPTIONAL) se specific and cannot be more than five business days prior to or 90
f filing.)	e specific and cannot be more than five business days prior to or 90
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f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sect	a member or an authorized representative of a member.  tion 605.0203 (1) (b), Florida Statutes, the execution of this document
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