

L15000113341

(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:

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06/15/15--01039--022 **130.00

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15 JUL -2 PM 3.36

7/7/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Service Solutions, 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:

Mildred Sein Cooke

Name of Person

Cornerstone Service Solutions, LLC

Firm/Company

8013 Lake Park Estates Blvd.

Address

Orlando, FL 32818

City/State and Zip Code

mcooke@cornerstoneservicesolutions.com

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

For further information concerning this matter, please call:

Mildred S. Cooke

Name of Person

at 407 839-3626

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

FILED
15 JUL -2 PM 3:36
TALLAHASSEE, FL



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

*✓ CHECK WAS DEPOSITED + HAS CLEARED BANK
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

FILED
15 JUL -2 PM 3:36
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 07/01/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

15 JUL -2 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cornerstone Service Solutions, 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:

Mailing Address:

8013 Lake Park Estates Blvd
Orlando, FL 32818

8013 Lake Park Estates Blvd
Orlando, FL 32818

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:

Mildred S. Cooke

Name

8013 Lake Park Estates Blvd.

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

Orlando

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..

Mildred S. Cooke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Mildred S. Cooke

8013 Lake Park Estates Blvd.

Orlando, FL 32818

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/1/2015 (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:

Mildred S. Cooke

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.)

Mildred S. Cooke

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)

FILED
15 JUL -2 PM 3.36
STATE
CLERK OF STATE
TALLAHASSEE, FLORIDA