

L19000051555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

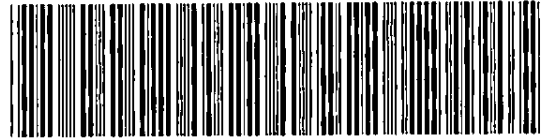
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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CORNERSTONE LAND COMPANY, LLC

Please Debit FCA000000003 For: *55*

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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- ____ Art of Inc. File _____
- ____ LTD Partnership File _____
- ____ Foreign Corp. File _____
- ☒ L.C. File _____
- ____ Fictitious Name File _____
- ____ Trade/Service Mark _____
- ____ Merger File _____
- ____ Art. of Amend. File _____
- ____ RA Resignation _____
- ____ Dissolution / Withdrawal _____
- ____ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ____ Photo Copy _____
- ____ Certificate of Good Standing _____
- ____ Certificate of Status _____
- ____ Certificate of Fictitious Name _____
- ____ Corp Record Search _____
- ____ Officer Search _____
- ____ Fictitious Search _____
- ____ Fictitious Owner Search _____
- ____ Vehicle Search _____
- ____ Driving Record _____
- ____ UCC 1 or 3 File _____
- ____ UCC 11 Search _____
- ____ UCC 11 Retrieval _____
- ____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORNERSTONE LAND COMPANY, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

R. TOM CHAPMAN

Name of Person

CORNERSTONE LAND COMPANY, LLC

Firm/Company

1901 ULMERTON ROAD, STE 475

Address

CLEARWATER FL 33762

City/State and Zip Code

TOM@CORNERSTONELANDCOMPANY.COM

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

For further information concerning this matter, please call:

SUSAN COLLINS

Name of Person

727

Area Code

599-4603

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: CORNERSTONE LAND COMPANY, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000057555

THIRD: The street address of the limited liability company's principal office is:

1901 ULMERTON ROAD, STE 475

CLEARWATER FL 33762

The mailing address of the limited liability company's principal office is:

1901 ULMERTON ROAD, STE 475

CLEARWATER FL 33762

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: R. Tom Chapman

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: R. Tom Chapman

b. No authority granted to: _____

R. Tom Chapman
Signature of authorized representative

R. TOM CHAPMAN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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JACKSONVILLE, FLORIDA