

From: Tanya Farmer
5/30/25, 4:12 PM

Fax: +18132277486

To:

Fax: +18506176381

Page: 1 of 4

05/30/2025 4:20 PM

L25000238511

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000195909 3)))



H250001959093ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A.
Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)227-0435

25-1534/CCK

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cwyatt@cornerstoneclassical.org

FLORIDA LIMITED LIABILITY CO.

Cornerstone Classical Academy at Wildlight, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
2025 MAY 30 AM 9:16
TALLAHASSEE FLORIDA
DIVISION OF CORPORATIONS

2025 MAY 30 PM 4:30
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

((H25000195909 3)))

ARTICLES OF ORGANIZATION OF CORNERSTONE CLASSICAL ACADEMY AT WILDLIGHT, LLC

The undersigned, as the organizing member of a limited liability company under the Florida Revised Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is Cornerstone Classical Academy at Wildlight, LLC.

ARTICLE II

Principal Office Street and Mailing Address

The Company's principal office street address and mailing address is 2360 St. Johns Bluff Road S, Jacksonville, FL 32246.

ARTICLE III

Registered Agent and Office

The street address of the registered office of the Company is 2360 St. Johns Bluff Road S, Jacksonville, FL 32246, and the name of its registered agent at that address is Lindsay Hoyt.

ARTICLE IV

Organizing Member

The name and address of the sole organizing member are:

Name

Address

Cornerstone Classical Foundation, Inc.

2360 St. Johns Bluff Road S
Jacksonville, FL 32246

ARTICLE V

Purpose

The Company is organized and shall be operated exclusively for charitable and educational purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

The Company shall have all powers now or hereafter granted by law, and in addition thereto shall have all powers lawfully necessary or required to carry out its purposes and objects. All of the assets or earnings shall be used exclusively for the purposes hereinabove set out, including payment of expenses incidental thereto. No part of the net earnings shall inure to the benefit of any individual, and no part of its activities shall be for the carrying on of propaganda or otherwise attempting to influence legislation.

((H25000195909 3)))

((H25000195909 3)))

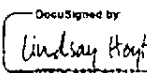
ARTICLE VI Dissolution

Upon a dissolution of the Company, the residual assets of the Company will be turned over to Cornerstone Classical Foundation, Inc., so long as Cornerstone Classical Foundation, Inc. is an organization described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986, and, if not, then to one or more organizations which are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986 or corresponding sections of any prior or future law, or to the federal, state, or local government for exclusive public purpose.

Dated this 30th day of May 2025.

Sole Organizing Member:

Cornerstone Classical Foundation, Inc.,
a Florida not for profit corporation

By:  _____
Name: Lindsay Hoyt

Title: Director

((H25000195909 3)))

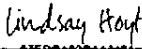
((H25000195909 3)))

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 30th day of May 2025.

REGISTERED AGENT:

DocuSigned by:

Name: Lindsay Hoyt

((H25000195909 3)))