3/26/25, 1:53 PM

Division of Corporations

Elorida Department of State

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

: (323)389-0502

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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

Email	Address:			
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Foreign Limited Liability Company Cornerstone Appraisal Partners LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 6 2025

From; Melanie Ibarra

COVER LETTER

	Registration Section Division of Corporation	ons		
SUBJEC	Cornerstone Appra			
Subjec	.1:		nited Linbility (Company
The enclo	osed "Application by Fo	oreign Limited Liability Companed to register the above reference	y for Authoriza ed foreign limi	ation to Transact Business in Florida." Certificate of ted liability company to transact business in Florida.
Please re	turn all correspondence	concerning this matter to the fol	lowing:	
	Erik Treutlein			
		Name	e of Person	
	Legalzoom.co	om. Inc.		
		Firm	Company	
	11501 Domaii	n Dr. STE 200		
		Α,	ddress	
	Austin, TX 78	3758		
	· · · · · · · · · · · · · · · · · · ·	City/State	and Zip Code	
	higginjt1016@g	gmail.com		
		E-mail address: (to be used fo	r future annual	report notification)
For furth	er information concerni	ng this matter, please call:		
	Erik Treutlein	si	800 t (773-0888
	Name	of Contact Person	Area Code	Daytime Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	Enclosed is a check for Please make check paya S125.00 Filing Fee	the following amount: the to: FLORIDA DEPARTM S130.00 Filing Fee &		TE Filing Fee & S160.00 Filing Fee, Certificate
		Certificate of Status		ed Copy of Status & Certified Copy

To.

From: Melanie Iberra

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Cornerstone Appraisal 1	Partners LLC Limited Liability Company; must include "Limit		Company of 1 1 C			
(Name of Foreign	Limited Liability Company; must include Cinii	ied Liability	Company, L.L.C	, or LLC.)		
(for the form of t	ame adopted for the purpose of transacting business in F	Social The all	mare name most in-t	ude "Limited Liability C	onmany ""I I C " n	r "[] (` ")
	ame adopted for the purpose of transacting outliers in r	norths. The site		pue Ematea timbutiy C	company, meet o	, ,,,,,
Alabama		3.	33-1616384			
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	•		(FEI number, if applicable)		
·	(Date first transacted business in Florida, if prior t (See sections 605,6904 & 605,0905, F.S. to deter-	io registration, inine penalty h	ability)		_	
7689 Raegan Ln		6.	7689 Raegan L	n		
(Street Address of I	Tincipal Office)	υ		(Mailing Address)		
Daphne, AL 36527		-	Daphne, AL 36	527	_ 	<u>.</u>
		_			20	
	-				25	
Name and street address	s of Florida registered agent: (P.O. Bo	n <u>NOT</u> ae	cceptable)		025 MAK 2 to	FEA
Name:	UNITED STATES CORPORATION	N AGENT	S, INC.			e inc
Office Address:	476 Riverside Ave.		.		; : - T	5. 5.
	Jacksonville		, Florida	32202	_	
	(City)			(Zip code)		

Registered agent's acceptance:

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 application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

_ (ri	ik Treutlein	ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.
	Dunierurad mant e	signature \

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

Name and Address:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: James Trafford Higginbotham	Manager	Name:	
Member	7689 Raegan Ln Address:	Member	Address:	
Authorized	Daphne, AL 36527	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
r				
Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

/S/James Trafford Higginbotham		
***	Signature of an authorized person	
James Trafford Higginbotham		
	Typed or printed name of signee	

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Cornerstone Appraisal Partners LLC was formed in Alabama on October 23, 2024. The Alabama Entity Identification number for this entity is 001-159-868. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20250326000014712

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

03/26/2025

Date

Wes Allen

Secretary of State