DPNR-CCZP
RECEIVED BY:
RECEIVED DATE:
8-4-2026

Territory of the United States Virgin Islands Articles of Organization of Cornerstone Holdings Limited Liability Company

FIRST: The name of the limited liability company is: **Cornerstone Holdings Limited Liability Company**

SECOND: The physical and mailing address of its initial designated office in the U. S. Virgin Islands is:

Physical: 45-46 Prindsens Gade, Unit 5
St. Thomas, U.S. Virgin Islands 00802

Mailing: 1692 Prindsens Gade, Unit 5
St. Thomas, U.S. Virgin Islands 00802

THIRD: The name, physical and mailing address of its resident agent for service of process is: **Darren John-Baptiste**

Physical: 18B-F Bonne Esperance
St. Thomas, U.S. Virgin Islands 00802

Mailing: P.O. Box 6061
St. Thomas, U.S. Virgin Islands 00804

FOURTH: The name, physical and mailing address of each organizer of the Company is: **Darren John-Baptiste**

Physical: 18B-F Bonne Esperance
St. Thomas, VI 00802

Mailing: P.O. Box 6061,St. Thomas
U.S. Virgin Islands 00804

FIFTH: The minimum amount of capital with which the Company will conduct business in the U.S. Virgin Islands is One Thousand Dollars ($1,000.00).

SIXTH: The duration of the Company is unlimited; and, the purpose of the Company is to engage in any lawful business activity for which limited liability companies may be formed under Title 13, Chapter 15 of the Virgin Islands Code.

SEVENTH: The Company is Member-Managed. The name, physical and mailing address of the initial member is: Darren John-Baptiste

Physical: 18B-F Bonne Esperance St. Thomas
U.S. Virgin Islands 00802

Mailing: P.O. Box 6061 St. Thomas
U.S. Virgin Islands 00804

EIGHTH: Members and/or managers are not liable for the debts,obligations, and/or liabilities of the Company, whether arising in contract, tort, or otherwise.

NINTH: After an event of disassociation or death of a member, the legal existence and business of the Company may be continued only if a lawful legal representative of the last surviving member takes necessary steps within 90 days to cure any deficiency that may make it unlawful or unreasonable to continue business.

A disassociated member or estate of a deceased member is not entitled to be paid a buy-out price for his or her interest and shall have only the rights as set forth in the Operating Agreement of the Company.

TENTH: Additional members may only be admitted into the Company on such terms and conditions as set forth in the Operating Agreement of the Company.

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'19 MAY 1 P 12:39

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on this 1st day of May, 2018.

Organizer: _____

DARREN JOHN-BAPTISTE, ORGANIZER

Territory Of The U.S. Virgin Islands)
District Of St. Thomas And St. John)ss:

The foregoing instrument was acknowledged before me this 1st day of MAY 2018 by Darren John-Baptiste

_____
NOTARY PUBLIC
My Commission Expires: 4/20/19

CHERYL C. VANTERPOOL
Notary Public
St. Thomas/St. John, U.S. Virgin Islands
NP-22-15
My Commission Expires February 20, 2019

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'18 MAY 1 PM 13:50

FORM - RACA12

THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF CORPORATIONS AND TRADEMARKS

RESIDENT AGENT FORM
CONSENT OF AGENT FOR SERVICE OF PROCESS

This writing witnesseth that I, the undersigned DARREN JOHN-BAPTISTE having been designated by CORNERSTONE HOLDINGS LIMITED LIABILITY COMPANY as resident agent of said company, upon whom service of process may be made in all suits arising against said company in the Courts of the United States Virgin Islands, do hereby consent to act as such agent and that service of process may be made upon me in accordance with Title 13, Virgin Islands Code.

IN WITNESS WHEREOF, I have hereunto set my signature this 1st day of MAY

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I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE UNITED STATES VIRGIN ISLANDS, THAT ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND ANY ACCOMPANYING DOCUMENTS, ARE TRUE AND CORRECT, WITH FULL KNOWLEDGE THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE SUBJECT TO INVESTIGATION AND THAT ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF REGISTRATION

SIGNATURE OF RESIDENT AGENT

DAYTIME CONTACT NUMBER	340-201-6681
MAILING ADDRESS	POBOX 6061, ST. THOMAS VI 00804
PHYSICAL ADDRESS	18B-F BONNE ESPERANCE ST. THOMAS VI 00802
EMAIL ADDRESS	DJOHNBAP@GMAIL.COM

NOTARY ACKNOWLEDGEMENT

Subscribed and sworn to before me this 1st day of May 2018 at St Thomas, VI

Cheryl C. VanterpoolNotary Public

4/20/19
My Commission Expires

CHERYL C. VANTERPOOL
Notary Public
St. Thomas/St. John, U.S. Virgin Islands
NP-22-15
My Commission Expires February 20, 2019