

L17000216750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

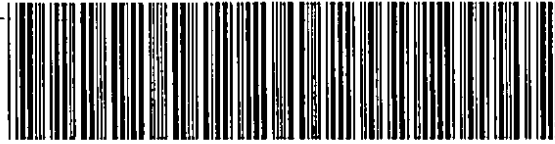
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/06/17--01008--013 \*\*160.00

17 OCT 19 AM 8:24  
RECEIVED  
TALLAHASSEE FLORIDA

~~White Sands~~  
~~Medical~~



White Sands  
Medical LLC

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2017

KYLE WARD  
4324 NW 22ND STREET  
CAPE CORAL, FL 33993

SUBJECT: CORNERSTONE MEDICAL LLC  
Ref. Number: W17000080112

We have received your document for CORNERSTONE MEDICAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

List the name of the manager in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filings will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

RECEIVED  
17 OCT 17  
Neyssa Culligan  
Regulatory Specialist II

Letter Number: 017A00020371

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CORNERSTONE MEDICAL 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:

KYLE WARD  
Name of Person

CORNERSTONE MEDICAL LLC  
Firm/Company

4324 NW 22<sup>ND</sup> STREET  
Address

CAPE CORAL, FL. 33993  
City/State and Zip Code

PWARDKING@YAHOO.COM  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

KYLE WARD at ( 727 ) 510-0344  
Name of Person 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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

White Sands Medical LLC

(Must contain 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:

4324 NW 22<sup>nd</sup> Street  
CAPE CORAL, FL 33993

SAME

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:

KYLE WARD  
Name

4324 NW 22<sup>nd</sup> Street  
Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL FL 33993  
City State 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..

Kyle Ward

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT 19 AM 8:23  
SECURED BY STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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:**

KYLE WARD MGR.  
4324 NW 22<sup>ND</sup> ST  
CAPE CORAL, FL. 33993

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

SEE ATTACHMENT ARTICLE VI

**REQUIRED SIGNATURE**

Kyle Ward

Signature of a member or an authorized representative of a member.

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.

KYLE WARD

Typed or printed name of signee

**Filing Fees:**

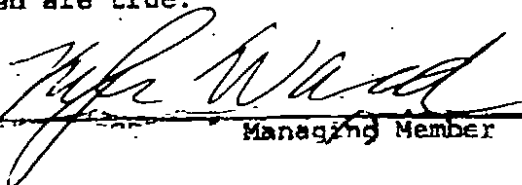
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a membership of a member in the limited liability company shall be as set forth in a unanimous resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED Member or Authorized Representative, for the purpose of forming a Limited Liability Company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

By: \_\_\_\_\_



Managing Member