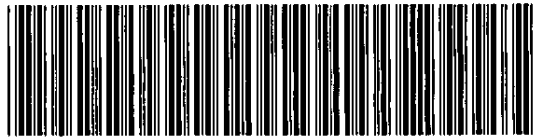


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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

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Ryan T. Scruggs, M.D., PLLC

Signature

Requested by: Seth

07/02/15

Name

Date

Time

Walk-In

Will Pick Up

- 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 _____

**ARTICLES OF ORGANIZATION
FOR**

Ryan T. Scruggs, M.D., PLLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization for formation of a Professional Limited Liability Company.

ARTICLE I: NAME

The name of the company is **Ryan T. Scruggs, M.D., PLLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **1592 S. State Road 15A, DeLand Florida 32720**

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ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Ryan T. Scruggs, 1592 S. State Road 15A, DeLand Florida 32720**

ARTICLE IV: PURPOSE

The purpose of this Professional Limited Liability Company is to provide Ophthalmology related services, as well as any and all lawful business.

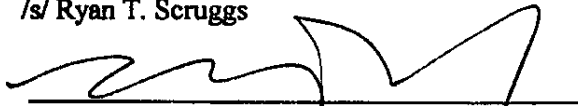
ARTICLE V: MANAGEMENT

The name and address of each initial person authorized to manage and control the Limited Liability Company:

Ryan T. Scruggs, M.D., Authorized Memeber, 1592 S. State Road 15A, DeLand Florida 32720

The undersigned has executed these Articles of Organization for filing purposes this 26th day of June 2015.

/s/ Ryan T. Scruggs



Ryan T. Scruggs Authorized Representative

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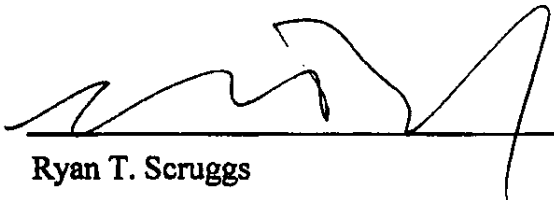
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: Ryan T. Scruggs, M.D., PLLC

2. The name and address of the registered agent and office is:

Ryan T. Scruggs, 1592 S. State Road 15A, DeLand Florida 32720

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.



Ryan T. Scruggs

Signature of Registered Agent

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