P20000060649

(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:

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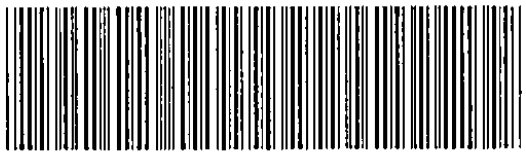

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SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 10 PM 12:21

N CHI

AUG 10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 8/10/2020

ENTITY NAME REINTRAOCULAR, INC.

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXX *Plain Copy*

_____ *Certified Copy*

_____ *Certificate of Status*

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $70.00

ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much*

2020 AUG 10 PM

SECRETARY OF
TALLAHASSEE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ReIntraocular, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1018 Meridian Avenue, Apt. 1

Miami, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert John Fraser Reardon, Director

Address: 1018 Meridian Avenue, Apt. 1
Miami, FL 33139

Name and Title: Robert John Fraser Reardon, Secretar

Address: 1018 Meridian Avenue, Apt. 1
Miami, FL 33139

Name and Title: Robert John Fraser Reardon, President

Address: 1018 Meridian Avenue, Apt. 1
Miami, FL 33139

Name and Title: Robert John Fraser Reardon, Treasur

Address: 1018 Meridian Avenue, Apt. 1
Miami, FL 33139

Name and Title: Robert John Fraser Reardon, Vice President

Address: 1018 Meridian Avenue, Apt. 1
Miami, FL 33139

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert John Fraser Reardon

Address: 1018 Meridian Avenue, Apt. 1

Miami, FL 33139

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Edward Tsuji

Address: 187 E. Warm Springs Rd., Ste. B

Las Vegas, NV 89119

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

SIGN HERE

Required Signature/Registered Agent — Date: 07/28/2020

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator — Date: 07/28/2020