

L04000021409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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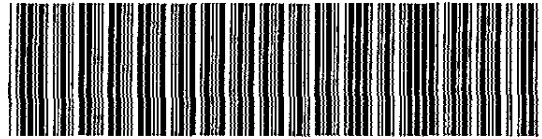
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STATE  
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TALLAHASSEE, FLORIDA

*BR*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 508784 7383987

AUTHORIZATION :

*Patricia Figueira*

COST LIMIT : \$ 125.00

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04 MAR 19 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 19, 2004

ORDER TIME : 10:26 AM

ORDER NO. : 508784-005

CUSTOMER NO: 7383987

CUSTOMER: Ms. Leah Christensen  
Handler, Thayer & Duggan Llc

23rd Floor  
191 N. Wacker Dr.  
Chicago, IL 60606

DOMESTIC FILING

NAME: PREMIER RETINAL CONSULTANTS,  
PLLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Premier Retinal Consultants, PLLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

148 13th Street, SW

Largo, FL 33770

**Mailing Address:**

148 13th Street, SW

Largo, FL 33770

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Leonard S. Kirsch, M.D.

Name

148 13th Street, SW

Florida street address (P.O. Box **NOT** acceptable)

Largo

FLORIDA 33770

City, State, and 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 608, Florida Statutes..*



Registered Agent's Signature

**FILED**  
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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Leonard S. Kirsch, M.D.

148 13th Street, SW

Largo, FL 33770

(Use attachment if necessary)

Article V: Professional Limited Liability Company Business Purpose. To engage in the medical profession, including, but not limited to, the area of Ophthalmology; to do everything necessary, proper, advisable or convenient in order to render the medical services as hereinabove set forth; and to transact any and all lawful business for which corporations may be organized under the Florida Professional Service Corporation and Limited Liability Company Act.

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Leonard S. Kirsch, M.D.

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)