

L040000031581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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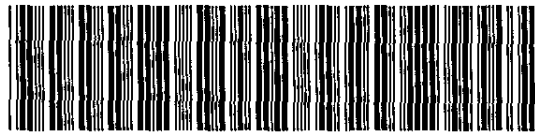
(Business Entity Name)

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DIVISION OF REGISTRATION

APR 26 PM 12:55

DB
426-24



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 591054 81190A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : April 26, 2004

ORDER TIME : 11:13 AM

ORDER NO. : 591054-005

CUSTOMER NO: 81190A

CUSTOMER: Thomas E. Moorey, Esq
Thomas E. Moorey, Esq

Suite 105
1430 Royal Palm Square Blvd
Ft. Myers, FL 33919

DOMESTIC FILING

NAME: EYELID SURGERY CENTER, LLC

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: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

04/26/04 11:13 AM
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**ARTICLES OF ORGANIZATION
OF
EYELID SURGERY CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be **EYELID SURGERY CENTER, LLC.**

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the company is 15750 New Hampshire Court, Suite B, Fort Myers, Florida 33908.

ARTICLE III

DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the Operating Agreement.

ARTICLE IV

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is DEAN W. LARSON, 15750 New Hampshire Court, Suite B, Fort Myers, Florida 33908.

ARTICLE V

MANAGEMENT

The company shall be managed by one or more members and is, therefore, a member-managed company. The initial managing member shall be:

DEAN W. LARSON
15750 New Hampshire Court, Suite B
Fort Myers, Florida 33908

ARTICLE VI

MEMBERS

The name and address of the sole member of the company is:

NAME

ADDRESS

DEAN W. LARSON

15750 New Hampshire Court
Suite B
Fort Myers, Florida 33908

IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization at Fort Myers, Lee County, Florida, on this

13th day of APRIL, 2004.


DEAN W. LARSON

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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.

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is: **EYELID SURGERY
CENTER, LLC.**
2. The name and the Florida street address of the registered agent and office
are:

DEAN W. LARSON
15750 New Hampshire Court, Suite B
Fort Myers, Florida 33908

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, F.S..



DEAN W. LARSON

04/11/2013 12:00 PM
10/10/2013 12:00 PM
10/10/2013 12:00 PM