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LIMITED LIABILITY COMPANY

Pinecrest Ophthalmology LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Pinecrest Ophthalmology LLC**

ARTICLE II - Address

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

Principal Office Address:

11511 South Dixie Highway

Pinecrest, FL 33156

Mailing Address:

11511 South Dixie Highway

Pinecrest, FL 33156

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

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

Maria L. Ariano M.D.

Name

8540 SW 120 Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Miami, FL 33156

(City / State / Zip)

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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.

Maria L. Ariano

Registered Agent's Signature - Maria L. Ariano M.D.

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:MGRMaria L. Ariano M.D.- 8540 SW 120 Street, Miami, FL 33156MGRKatya A. Ariano- 8540 SW 120 Street, Miami, FL 33156MGRNadya K. Ariano- 8540 SW 120 Street, Miami, FL 33156

(Use attachment if necessary)

REQUIRED SIGNATURE:Signature of a member or 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.)

Maria L. Ariano M.D.

Typed or printed name of signee

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