## Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : :

: I20010000247 : (800)494-3124

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### LORIDA/FOREIGN LIMITED LIABILITY CO.

Araoz & Associates "A family Eye Care Practice", LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

ARAOZ & ASSOCIATES "A FAMILY EYE CARE PRACTICE", LLC

**ARTICLE II: Address** 

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

608 ACACIA ROAD

VERO BEACH, FL 32963

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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.

Signature Registered Agent

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### **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

### **MANAGING MEMBER:**

GEORGINA E. ARAOZ 608 ACACIA ROAD

VERO BEACH, FL 32963

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Signature of a member of 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.)

**GEORGINA E. ARAOZ**