

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Personalized Retina Care of Naples, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	04/5
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4/25/2016 3:26:38 PM From: To: 8506176381(2/5)
850-617-6381 4/25/2016 11:51:17 AM PAGE 1/001 Fax Server



April 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: PERSONALIZED RETINA CARE OF NAPLES, PLLC
REF: W16000030488

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H16000099974
Letter Number: 816A00008454

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ARTICLES OF ORGANIZATION

BY APPOINTMENT
NOTARY PUBLIC, FLORIDA

PERSONALIZED RETINA CARE OF NAPLES, PLLC,
a Florida professional limited liability company

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

PERSONALIZED RETINA CARE OF NAPLES, PLLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

29090 Marcello Way
Naples, Florida 34110

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Katia Emiko Taba
29090 Marcello Way
Naples, Florida 34110

ARTICLE IV MANAGEMENT AND POWERS


The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Professional Limited Liability Company. The initial Manager shall be as follows:

Katia Emiko Taba
29090 Marcello Way
Naples, Florida 34110

ARTICLE V
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

These Articles of Organization have been executed as of the 21 day of April, 2016.



Katia Emeko Taba

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

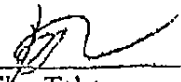
1. The name of the Professional Limited Liability Company is:

PERSONALIZED RETINA CARE OF NAPLES, PLLC
2. The name and the Florida street address of the registered agent are:

Katia Emiko Taba
29090 Marcello Way
Naples, Florida 34110

Having been named to accept service of process for the above stated Professional 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 4/21/2016



Katia Emiko Taba

"REGISTERED AGENT"