

**H16000080196**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
Personalized Retina Care of Naples, PLLC**

Certificate of Status	0
Certified Copy	0
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April 25, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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**\*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**

NOTARIAL PUBLIC  
NAPLES, 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.



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Katia Emiko Taba

"MANAGER"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

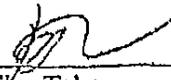
Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

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"