

L16000112387

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

From: Account Name : USACORP INC.
Account Number : 120130000019
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Email Address: INFO@SITERIGHT.COM

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STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO.
SightRite Medical FL PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

06-10-16

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SightKite Medical FL PLLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

232 Broadway
Brooklyn, NY 11211

Mailing Address:

P.O. Box 110535
Brooklyn, NY 11211

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

REGISTERED AGENT LEGAL SERVICES, LLC

Name

155 OFFICE PLAZA DRIVE STE A

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE

FL 32301

City

Zip

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 605, F.S.

Josef Strauss
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jacob Finestone, M.D.

951 E 23rd Street

Brooklyn, NY 11210

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Purpose: Optometry and Ophthalmology

REQUIRED SIGNATURE:

/s/ Jacob Finestone, M.D.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacob Finestone, M.D.

Typed or printed name of signee

Filing Fees**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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