# Electronic Articles of Organization For Florida Limited Liability Company

L18000000650 FILED 8:00 AM January 02, 2018 Sec. Of State cmwood

### **Article I**

The name of the Limited Liability Company is:

ADVANCED SURGICAL MOBILE EYE CARE LLC

## **Article II**

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

25 W. COLLEGE AVENUE SUITE D RUSKIN, FL. US 33570

The mailing address of the Limited Liability Company is:

P.O. BOX 585 RUSKIN, FL. US 33575

# **Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS PURPOSE

## **Article IV**

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

TRACEY LEWIS DR. 25 W. COLLEGE AVENUE SUITE D RUSKIN, FL. 33570

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.

Registered Agent Signature: DR. TRACEY LEWIS

# **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR TRACEY LEWIS DR. P.O. BOX 585 RUSKIN, FL. 33575 US L18000000650 FILED 8:00 AM January 02, 2018 Sec. Of State cmwood

Signature of member or an authorized representative

Electronic Signature: DR. TRACEY LEWIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.