

L18000057482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

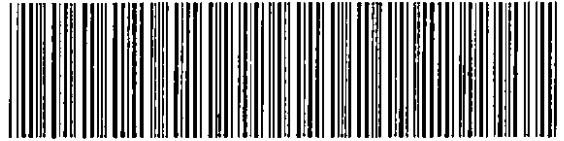
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
2020 JUN -8 PM 1:53

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2020 JUN -8 AM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SUI KEP  
JUN 09 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 313226 4304756

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 55.00

ORDER DATE : June 5, 2020

ORDER TIME : 10:31 AM

ORDER NO. : 313226-015

CUSTOMER NO: 4304756

DOMESTIC AMENDMENT FILING

NAME: HORUS OPHTHALMICS, LLC

EFFECTIVE DATE:

XX\_\_\_ ARTICLES OF AMENDMEN/CONVERSION  
\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_ CERTIFIED COPY  
\_\_\_ PLAIN STAMPED COPY  
\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Horus Ophthalmics, LLC

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company" into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Sarita Shoulla

Contact Person

Morgan, Lewis & Bockius LLP

Firm/Company

One Federal Street

Address

Boston, MA 02110

City, State and Zip Code

mshoushamd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarita Shoulla

at ( 617 ) 341-7524

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee  
and Certificate of  
Status

☒ \$55.00 Filing Fee  
and Certified Copy

☐ \$60.00 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E106 (05/17)

**Articles of Conversion**  
For  
**Florida Limited Liability Company**  
Into  
**"Converted or Other Business Entity"**

The Articles of Conversion is submitted to convert the following **Florida Limited Liability Company into an "Other Business Entity"** in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:

Horus Ophthalmics, LLC

\_\_\_\_\_  
Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Horus Ophthalmics, Inc.

\_\_\_\_\_  
Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a corporation  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law partnership, business trust, etc.)

organized, formed or incorporated under the laws of Delaware  
(Enter state, or if a non-U.S. entity, the name of the country)

The formation document is attached (if applicable).

4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.

5. This conversion shall be effective in Florida on: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

**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.

2020 JUN -8 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address: c/o Horus Ophthalmics, Inc.  
15757 Pines Blvd., Suite 715, Pembroke Pines, FL 33027

Mailing Address: c/o Horus Ophthalmics, Inc.  
15757 Pines Blvd., Suite 715, Pembroke Pines, FL 33027

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 5<sup>th</sup> day of June, 2020

Signature: M. Abou Shousha  
Must be signed by a Member or Authorized Representative

Printed Name: Mohamed Abou Shousha Title: President

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)

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