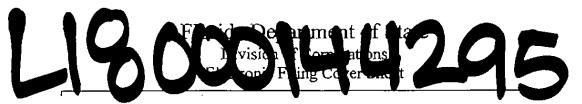
TO:18506176381 FROM:9045126629

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Fax Number : (850)617-6381

From:

Account Name : REZLEGAL, LLC Account Number : I20140000033

: (904) 567-1177 Phone Fax Number : (904) 567-1066

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FLORIDA LIMITED LIABILITY CO.

FES Lasik Equipment, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION

OF

FES LASIK EQUIPMENT, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I NAME

The name of the limited liability company is FES Lasik Equipment, LLC (the "Company").

ARTICLE II EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company shall be 11512 Lake Mead Avenue, Suite 534, Jacksonville, Florida 32256.

ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 11512 Lake Mead Avenue, Suite 534, Jacksonville, Florida 32256, and its initial registered agent at such office shall be Amit R. Chokshi, M.D.

ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by one or more managers in accordance with and to the requirements of the Act and Operating Agreement of the Company. The names and saddresses of the managers of this Company are:

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<u>Name</u>

Address

Amit R. Chokshi, M.D.

11512 Lake Mead Avenue, Suite 534

Jacksonville, Florida 32256

S. Akbar Hasan, M.D.

11512 Lake Mead Avenue, Suite 534

Jacksonville, Florida 32256

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 121 day of June, 2018.

By:

Amit R. Chokshi, M.D., Manager

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CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

FES Lasik Equipment, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Amit R. Chokshi, M.D. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 11512 Lake Mead Avenue, Suite 534, Jacksonville, Florida 32256.

Dated this 12 day of June, 2018.

Amit R. Chokshi, M.D., Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this latter day of June, 2018.

Amit R. Chokshi, M.D., Registered Agent