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Division of Corporations

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

From: Rosa Wong, Paralegal
Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
OPHTHALMIC SURGICAL INVESTMENT GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 JUN 14 PM 1:22

ARTICLES OF ORGANIZATION
OF
OPHTHALMIC SURGICAL INVESTMENT GROUP, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is:

OPHTHALMIC SURGICAL INVESTMENT GROUP, LLC

ARTICLE II: - Address

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

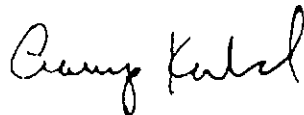
1776 North Pine Island Road
Suite 214
Plantation, Florida 33322

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

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

Aarup Kubal
18101 Collins Avenue
#603 PH 306
Sunny Isles Beach, Florida 33160

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.



Aarup Kubal, Registered Agent

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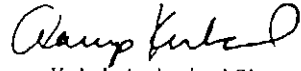
ARTICLE IV: - Management

The name and address of the entity authorized to manage and control the limited liability company is as follows:

Title: Name and Address:

AMBR Ophthalmic Opportunity Fund, LLC
17121 Collins Avenue, #2403

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 12, 2019.



Aarup Kubal, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Aarup Kubal

Typed or printed name of signee

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