

**19000222500**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000271891 3)))



H19000271891 3ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : REZLEGAL, LLC  
Account Number : 120140000033  
Phone : (904) 406-8086  
Fax Number : (904) 567-1066

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

Email Address: rezlegal@rezlegal.com

19 SEP 11 PMZ:13  
FLORIDA DIVISION OF CORPORATIONS

**FLORIDA LIMITED LIABILITY CO.**

**FES St. Augustine, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

C RICO  
SEP 11 2019

2019 SEP 11 PMZ:52

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION  
OF  
FES ST. AUGUSTINE, 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:

ARTICLES OF ORGANIZATION  
OF  
FES ST. AUGUSTINE, LLC

**ARTICLE I  
NAME**

The name of the limited liability company is FES St. Augustine, 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 Rajesh K. Shetty, M.D.

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

The Company will be managed by its sole member in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole member of this Company is:

Name

Address

FES Properties Holding Company, LLC

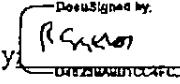
11512 Lake Mead Avenue, Suite 534  
Jacksonville, Florida 32256

DocuSign Envelope ID: 852133EF-570C-4B9B-9940-327EA0A35F6E

H19000271891 3

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

Dated this 10th day of September, 2019.

By:   
Rajesh K. Shetty, M.D., Authorized Representative

NEW YORK STATE  
VISION OF CORPORATION  
19 SEP 11 PM 2:13

H19000271891 3

DocuSign Envelope ID: 652133EF-570C-4B96-9940-327EA8A35F6E

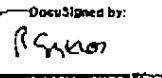
H19000271891 3

**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 St. Augustine, 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 Rajesh K. Shetty, 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.

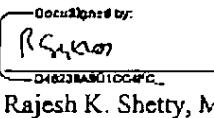
Dated this 10th day of September, 2019.

By   
Rajesh K. Shetty, M.D.

Rajesh K. Shetty, M.D., Authorized Representative

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 10th day of September, 2019.

By   
Rajesh K. Shetty, M.D.

Rajesh K. Shetty, M.D., Registered Agent

H19000271891 3