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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

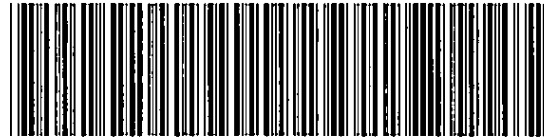
(Business Entity Name)

(Document Number)

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

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MLGL USR Holdings, LLC

Signature \_\_\_\_\_

Requested by: SETH

03/24/21

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
MLGL USR HOLDINGS, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 605, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is **MLGL USR HOLDINGS, LLC**.

**ARTICLE II**

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is **3999 PGA Boulevard, Suite 350, Palm Beach Gardens, Florida 33410**. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is **ERIC M. SAUERBERG, 3896 Burns Road, Suite 104, Palm Beach Gardens, Florida 33410**.

**ARTICLE V**

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company. The initial managers shall be:

**MARK MICHELS, M.D.  
C/O RETINA CARE SPECIALISTS  
3999 PGA Boulevard, Suite 350  
Palm Beach Gardens, Florida 33410**

**ADRIAN LAVINA, M.D.  
C/O RETINA CARE SPECIALISTS  
3999 PGA Boulevard, Suite 350  
Palm Beach Gardens, Florida 33410**

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HOLLAND & CO., P.A.  
FIDELITY & BOND

PAUL GALLOGLY, M.D.  
C/O RETINA CARE SPECIALISTS  
3999 PGA Boulevard, Suite 350  
Palm Beach Gardens, Florida 33410

PHILIP LAIRD, M.D.  
C/O RETINA CARE SPECIALISTS  
3999 PGA Boulevard, Suite 350  
Palm Beach Gardens, Florida 33410

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 24th day of March, 2021.

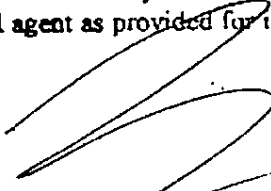


Printed Name: Adrian Laviña, M.D.  
Its: Manager

This document is executed in accordance with Section 605.0203(1)(b), Florida Statutes. 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.

**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

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 relative 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, Florida Statute.



By: \_\_\_\_\_  
Printed Name: ERIC M. SAUERBERG  
Date: March 24, 2021