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Florida Department of State  
Division of Corporations  
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To:  
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Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
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Email Address: arichards@shumaker.com

**FLORIDA LIMITED LIABILITY CO.  
REGENERATIVE OCULAR IMMUNOBIOLOGICS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
FOR  
REGENERATIVE OCULAR IMMUNOBIOLOGICS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **REGENERATIVE OCULAR IMMUNOBIOLOGICS, LLC.**

**ARTICLE II – Address:**

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

13700 Repton Blvd.  
Tampa, FL 33626

**ARTICLE III – Manager:**

The name, title and address of the person authorized to manage and control the Limited Liability Company is:

<b>Title</b>	<b>Name and Address</b>
MGR	Regener-Eyes, LLC 34176 US Highway 19 North Palm Harbor, Florida 34684

**ARTICLE IV – Indemnification:**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

**ARTICLE V - Registered Agent and Registered Address**

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

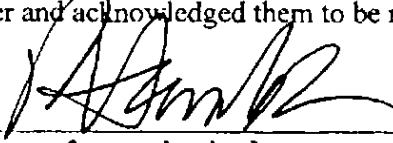
Christina C. Nethero, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13 day of October 2022.



**Signature of an authorized representative of a member.**

(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 in section 817.155, Florida Statutes.)

C. Randall Harrell

**Typed or printed name of signee**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **REGENERATIVE OCULAR IMMUNOBIOLOGICS, LLC.**
2. The name and the Florida street address of the registered agent are:

Christina C. Nethero, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

*Christina C. Nethero*

Christina C. Nethero, Esq.  
Registered Agent

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