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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 10 2010

EXAMINER

NEOPTX SIGHTSAVERS, LLC
3137 COMMERCE PARKWAY
MIRAMAR, FL 33025

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

August 4, 2010

Re: Articles of Incorporation

To whom it may concern,

Enclosed please find the completed Articles of Incorporation for Neoptx Sightsavers, LLC and a check in the amount of \$160.00.

Please acknowledge upon registration.

If you have any questions you can reach me at::

Phone - 954-441-9611 x 208
Email – myron@optx2020.com

Yours truly,



Myron Orlinsky
Managing Member
Neoptx Sightsavers, LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEOPTX SIGHTSAVERS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRON ORLINSKY

Name of Person

NEOPTX SIGHTSAVERS, LLC

Firm/Company

3137 COMMERCE PARKWAY

Address

MIRAMAR, FLORIDA 33025

City/State and Zip Code

myron@optx2020.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRON ORLINSKY at (954) 4419611 X 208
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| ☐ \$125.00 Filing Fee | ☐ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEOPTX SIGHTSAVERS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3137 COMMERCE PARKWAY
MIRAMAR, FL 33025

Mailing Address:

3137 COMMERCE PARKWAY
MIRAMAR, FL 33025

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MYRON ORLINSKY

Name

3137 COMMERCE PARKWAY

Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

FL 33025

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MYRON ORLINSKY

3137 COMMERCE PARKWAY

MIRAMAR, FL 33025

MGRM

SCOTT ORLINSKY

3137 COMMERCE PARKWAY

MIRAMAR, FL 33025

MGRM

ROBERT O BARATTA M.D.

2100 SE OCEAN BLVD STE 102

STUART, FL 34996

MGRM

MICHAEL CRISTOFORO

5155 SW BIMINI CIRCLE S

PALM CITY, FL 34990

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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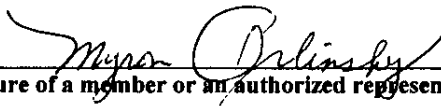
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MYRON ORLINSKY

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)