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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Hillsborough Society of Optometrists
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: John J. Mertzluft, OD
Name (Printed or typed)

9304 Woodbay Dr.
Address

Tampa, FL 33626
City, State & Zip

813 920-3939
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: *The Hillsborough Society of Optometrists, INC*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: *9304 Woodbay Dr.
Tampa, FL 33626*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *to provide a venue for continuing education and dissemination of changes in rules/regulations passed down from Tallahassee to local optometrists. The organization also provides community services for eye care and charitable or political contributions.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: *Voted in by Society Members.*

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):
*John J. Mertzlufft OD - president
8633 Citrus Park Dr
Tampa, FL 33625*

*Secretary - William H. Stephen, OD
7541 W. Hillsborough Ave.
Tampa, FL 33615*

*Treasurer - Susan Payne OD
4051 Upper Creek Dr. Suite 107
Suncity Center FL 33573*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is: *John J. Mertzlufft
8633 Citrus Park
Tampa, FL 33625*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *John J. Mertzlufft, OD
9304 Woodbay Dr.
Tampa, FL 33626*

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TALLAHASSEE
FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

[Signature]

Signature/Registered Agent

10/21/02

Date

[Signature]

Signature/Incorporator

10/21/02

Date