

P/2000104506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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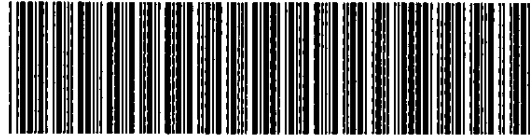
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDOLOR OPHTHALMICS, INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

HALEY BUTLER
Contact Person

POINT GUARD PARTNERS LLC
Firm/Company

400 N. ASHLEY DR., STE 2150
Address

TAMPA, FL, 33602
City, State and Zip Code

HBUTLER@POINTGUARDLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HALEY BUTLER at (813) 407-7833
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees
- \$113.75 Filing Fees and Certificate of Status
- \$113.75 Filing Fees and Certified Copy
- \$122.50 Filing Fees, Certified Copy, and Certificate of Status

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

FILED
12 DEC 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s.607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

INDOLOR OPHTHALMICS, LLC L/2000/18372
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 9-14-2012
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A - STILL FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

INDOLOR OPHTHALMICS, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: ~~NOVEMBER~~ DECEMBER 30, 2012
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s.607.1115, F.S., in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 30th day of ~~NOVEMBER~~ DECEMBER, 20 12.

Required Signature for Florida Profit Corporation:

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____

Printed Name: BARRY BUTLER Title: INCORPORATOR

Required Signature(s) on behalf of Other Business Entity: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: _____
Printed Name: BARRY BUTLER Title: MANAGER, POINT GUARD PARTNERS LLC

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

- Certificate of Conversion: \$35.00
- Fees for Florida Articles of Incorporation: \$70.00
- Certified Copy: \$8.75 (Optional)
- Certificate of Status: \$8.75 (Optional)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: INDOLOR OPHTHALMICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 N. ASHLEY DR., STE 2150
TAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY LAWFUL PURPOSE.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 (ONE MILLION)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BARRY BUTLER, CEO/PRESIDENT Name and Title: _____
Address: 400 N. ASHLEY DR., STE 2150 Address: _____
TAMPA, FL 33602 _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HALEY BUTLER
Address: 400 N. ASHLEY DR., STE 2150
TAMPA, FL 33602

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: POINT GUARD PARTNERS, LLC
Address: 400 N. ASHLEY DR., STE 2150
TAMPA, FL 33602

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

Haley Butler
Required Signature/Registered Agent

11/30/2012
Date

I submit this document and affirm 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 for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11-30-12
Date