Monday, July 23, 26 Department of State

Division of Corporations Tallahassee, Florida

To Whom It May Concern:

****343.00 ****343.00

Enclosed please find registration and filing fees for UNION EYECARE LLP, located at 620 East Main Street, Lake Butler, Florida, 32054.

I am PATRICIA A PROCTOR, and I will be the registered agent for this company. I can be reached at 386-496-4405 and 386-755-8717 in the daytime, and 386-719-3964 in the evenings.

Enclosed find check in the amount \$343.00 as filing fee.

Thank you,

atricia A. Proctor

*****11.00

attempted and retreat FF \$367.50



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 27, 2001

PATRICIA A. PROCTOR 620 EAST MAIN STREET LAKE BUTLER, FL 32054

SUBJECT: UNION EYECARE LLP Ref. Number: W01000017407

We have received your document for UNION EYECARE LLP and your check(s) totaling \$343.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

First, to obtain LLLP status, you must file a Statement of Qualification (attached) and pay the filing fee of \$25. Second, you must add an "L" to the suffix (LLLP), third, the amounts listed on the affidavit are confusing. You state that the contributions to date are \$31,508, then you state that the total contributed and anticipated to be contributed is \$16,966, however, this number should be at least \$31,508 if no other contributions are anticipated. Please make the corrections and check the filing fee. \$7 per \$1000 contributed and anticipated to be contributed combined, plus \$35.00 for the Registered Agent and \$25.00 for the Statement of Qualification (LLLP status).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 901A00043870



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2001

PATRICIA A. PROCTOR 620 EAST MAIN STREET LAKE BUTLER, FL 32054

SUBJECT: UNION EYECARE LLP Ref. Number: W01000017407

We have received your document for UNION EYECARE LLP and your check(s) totaling \$381.50. However, the document has not been filed and is being retained in this office for the following:

The filing fee for the LP is \$332.50 plus \$35.00 for the Designation of Registered Agent, totaling \$367.50. The filing fee for the LLLP status is \$25.00, bringing the total for both to \$392.50.

There is a balance due of \$11.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 301A00047943

Michelle Hodges Document Specialist

CERTIFICATE OF LIMITED PARTNERSHIP

1UNION EYECARE, LLLP		• • •
(Name of Limited Partnership; must contain a suffix such as	"Limited", "Ltd.", or "Limited Partnership")	* ***
2. 620 E. Main Street, Lake Butler, Flor	sil- 2205/	
(Business address of Limited	Partnershin	geminger or to ges
(= someon data on or other	1 attacismp)	
3. PATRICIA A. PROCTOR	·	
(Name of Registered Agent for Se	ervice of Process)	- -
600 F		
4. 620 East Main Street, Lake Butler, Fl		
(Florida street address for Reg	ristered Agent)	
5 Valueal Shor	\mathcal{L}_{2}	
(Registered Agent must sign here to accept designation as	Registered Agent for Service of Process)	· <u></u>
	- 41	
6. PO BOX 156, Lake Butler, Florida 32054		
(Mailing Address of the Limite	ed Partnership)	vi 377 ab ≘
7 The latest date upon which the Limited Borton 1:		
7. The latest date upon which the Limited Partnership 8. Name(s) of general partner(s):		
or reme (b) or general parallel (b).	Street address:	
GARY ORTEGA WILLIAMS	RT L. Box 4220, Glen St. Mary,	
	Florida 32040	
E. F. ALBURY, JR.	PO BOX 2827, Lake City, Florida	
	32056	
· · · · · · · · · · · · · · · · · · ·		್ - ಕ್ಲೌಸ್ಟ್
Under penalties of perjury I (we) declare that I (we) ha	ave read the foregoing and know the	
contents thereof and that the facts stated herein are tru	ue and correct.	
Signal this 16.1	ALL SEC	
Signed this 16th day of JULY		
Signature of all general partners:	NS S S S S S S S S S S S S S S S S S S	<u> </u>
orginature of an general partiers.	SEE T	三
July O. Williams		
General Partner GARY O. WILLIAMS	General Partner	-
E. FAlly L	RIDATE RIDATE	-
General Partner E. F. ALBURY, JR	General Partner	<u></u>
,		
General Partner	General Partner	***

· AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LÍMITED PARTNERSHIP

The undersigned constituting all of the gene	eral partners of UNION EYECARE LLP.
620 East Main Street, Lake Butler,	F1.32054 ,
a Florida Limited Partnership, certify:	
The amount of capital contributions to date	of the limited partners is \$ 47,500 .
The total amount contributed and anticipate	d to be contributed by the limited partners at this time
totals \$ \$ 47,500	and the second of the second o
Signed this 16 day of JULY	, 2001 .
FURTHER AFFIANT SAYETH NOT.	· ·
Under the penalties of perjury I (we) declar contents thereof and that the facts stated he	re that I (we) have read the foregoing and know the rein are true and correct.
Hary O. William General Partner	
General Partner	General Partner
GARI U. WILLLAMS	
General Parmer	Constant
General Parmer, E. F. ALBURY, JR.	General Partner
General Partner	General Partner