

# AB10000001190

TO: DEPT. OF STATE, DIVISION OF CORPORATIONS

RE: UNION EYECARE, LLLP

DATE: AUGUST 14, 2001

MJH

8/31

800004538568--1  
-08/18/01--01062--003  
\*\*\*\*\*38.50 \*\*\*\*\*38.50

25.00

ENCLOSED PLEASE FIND CORRECTED DOCUMENTS FOR THE  
FILING OF THE ABOVE REFERENCED PARTNERSHIP.

ALSO ENCLOSED IS A CHECK FOR ADDITIONAL \$38.50.  
PREVIOUS CHECK IN THE AMOUNT OF \$354.00 HAS BEEN  
HELD BY THE DEPARTMENT OF STATE. THE FOLLOWING  
REPRESENTS THE BREAKDOWN OF FUNDS SUBMITTED:

\$47,000	total investment x \$7.00 per \$1,000	=	\$332.50
	Qualification Filing fee		25.00
	Registered Agent Filing fee		35.00
TOTAL			\$392.50
Previously submitted			\$354.00
Balance Due			38.50

Thank You,

Patricia A. Proctor  
Registered Agent

\$25.00

FILED  
01 AUG 31 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
UNION EYECARE, LLLP

Insert limited partnership's Florida document number: AD1000001190  
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP  
(LLP, L.L.P.)
3. The street address of its chief executive office: 620 E. MAIN STREET, LAKE BUTLER, FL 32054  
(if different from current recorded address):
4. The street address of principal office in Florida: 620 E. MAIN STREET, LAKE BUTLER, FL 32054  
(if different from above)

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:  
☒ as of the date this document is filed with the Florida Secretary of State  
or  
☐ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

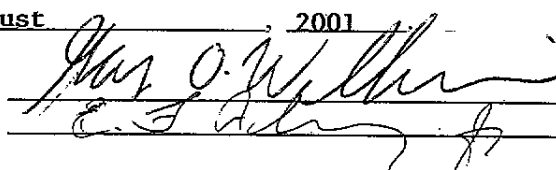
PATRICIA A PROCTOR, PO BOX 156  
LAKE BUTLER, FL 32054

\_\_\_\_\_, Florida

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 13th day of August, 2001

Signature of TWO Partners:



Typed or printed names of partners signing above: GARY ORTEGA WILLIAMS  
E. F. ALBURY, JR

FILED  
01 AUG 31 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75