

# A97000002200

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

000002320900--0

-10/15/97--01067--004

\*\*\*\*140.00 \*\*\*\*140.00

OFFICE USE ONLY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 13 PM 12:58

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Preferred Vision Care Ltd.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 10/13 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input type="checkbox"/>            | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/>            | Reinstatement       |
| <input type="checkbox"/>            | Trademark           |
| <input type="checkbox"/>            | Other               |

TAX FILING  
R. AGENT FEE 52.50  
COPY 35.02  
TOTAL 52.57  
V. BANK  
BALANCE DUE 140.00  
(FILING)

RECEIVED  
97 OCT 13 AM 11:16  
DIVISION OF CORPORATIONS

10/13/97

Examiner's Initials

*[Signature]*

CERTIFICATE OF LIMITED PARTNERSHIP

1. The name of the limited partnership is PREFERRED VISION CARE LTD. (the "Partnership").
2. The mailing address and business address of the Partnership is One Cypress Place, 701 West Cypress Creek Road, Suite 200, Ft. Lauderdale, Florida 33309.
3. The name of the registered agent for services of process is Preferred Vision Care, Inc. and the address of the registered agent is One Cypress Place, 701 West Cypress Creek Road, Suite 200, Ft. Lauderdale, Florida 33309.
4. The registered hereby accepts designation as the registered agent for service of process:

Preferred Vision Care, Inc.,  
a Florida Corporation

By: 

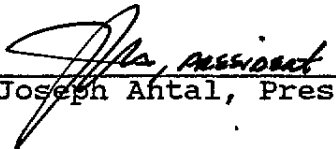
Joseph Antal  
President

5. The latest date on which the Partnership is to be dissolved is December 31, 2050.
6. The name of the General Partner is Preferred Vision Care, Inc., having an address at One Cypress Place, 701 West Cypress Creek Road, Suite 200, Ft. Lauderdale, Florida 33309.

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 30<sup>th</sup> day of September, 1997.

Signature of all general partners:  
Preferred Vision Care, Inc.

By: 

Joseph Antal, President

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 OCT 13 PM 12:58

Y960806103520

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR PREFERRED VISION CARE LTD.**

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
97 OCT 13 PM 12:58

The undersigned constituting all of the general partners of Preferred Vision Care Ltd., a Florida Limited Partnership, certify:

The amount of capital contributions to date of the limited partners is \$1,000.

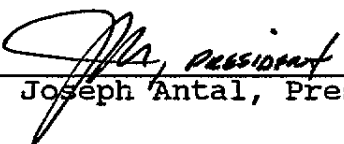
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.

Signed this 30<sup>th</sup> day of September, 1997.

FURTHER AFFIANT SAYETH NOT:

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signature of all general partners:  
Preferred Vision Care, Inc.

By:   
Joseph Antal, President