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 #)

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****140.00 ****140.00

OFFICE USE ONLY

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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

TAX
FILING 52.50
R. AGENT FEE 35.00
COPY 52.50
TOTAL 140.00
BANK
BALANCE DUE

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

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10/13/97

Examiner's Initials

CR2E031(10/92)

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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.

P96000103520

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 30th *day of September, 1997.*

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

By: _____
Joseph Antal, President

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR PREFERRED VISION CARE LTD.

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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 30th 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: _____, President
Joseph Antal, President

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