B25000000095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25-17810

Office Use Only

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2025 FEB 11 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2025 MAR 12 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2025

K. Brumbley

MS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2025

COGENCY GLOBAL **2nd print**

SUBJECT: R.J.OLK L.P.
Ref. Number: W25000017810

We have received your document for R.J.OLK L.P. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity listed as the general partner was rejected. Also, the general partner name should be listed how the alternate name is filed in our records.,

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) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor Letter Number: 325A00002957

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COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date: 03/12/2025

Name: **Ovidshel Occean Jr.**

Reference #: **2653875**

Entity Name: **R.J.O. L.P.**

- [x] Articles of Incorporation/Authorization to Transact Business
- [ ] Amendment
- [ ] Change of Agent
- [ ] Reinstatement
- [ ] Conversion
- [ ] Merger
- [ ] Dissolution/Withdrawal
- [ ] Fictitious Name
- [x] Other **FILE SECOND**

Authorized Amount: **$1,000.00**

Signature: O. Occean Jr.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R.J.O. L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Heather J. Kociara
Contact Person

Thompson Coburn LLC
Firm/Company

55 E. Monroe St., 37th Fl.
Address

Chicago, IL 60603
City, State and Zip Code

hkociara@thompsoncoburn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather J. Kociara at (312) 580-5097
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $1,000.00 Filing Fee ($965 Filing Fee and $35 Registered Agent Fee)

☐ $1,008.75 Filing Fees and Certificate of Status

☐ $1,052.50 Filing Fees and Certified Copy

☐ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. R.J.O. L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

R.J.OLK L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Missouri — **State or Country of Formation**

3. 11/17/2006 — **Date of Formation**

4. **Federal Employer Identification Number:** 43-1932865

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

R. Joseph Olk MD

105 Guadeloupe Lane

Bonita Springs Florida 34134

6. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

/s/ R. Joseph Olk MD

Signature of Registered Agent

7. **Principal Office:**

150 Carondelet Plaza, Unit 1403

Clayton, MO 63105

8. **Mailing Address:**

150 Carondelet Plaza, Unit 1403

Clayton, MO 63105

2025 MAR 12 AM 9:11

APPROVED AND FILED

9. **If limited partnership is a limited liability limited partnership**, check box. ☐

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: The Florida Retna Center, Inc.

Street Address: 150 Carondelet Plaza, Unit 1403

Clayton, MO 63105

Mailing Address: 150 Carondelet Plaza, Unit 1403

Clayton, MO 63105

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing**:_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 10th day of February ,20 25

The Retina Center, P.C.

By: /s/ R. Joseph Olk MD, Secretary

_____

Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

STATE OF MISSOURI

Denny Hoskins
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, DENNY HOSKINS, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

R.J.O. L.P.
LP0777768

was created under the laws of this State on the 17th day of November, 2006, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of February, 2025.

Denny Hoskins
Secretary of State

Certification Number: CERT-02102025-0143