

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : BIZCORP INTERNATIONAL INC.
Account Number : I19990000093
Phone : (561) 776-2277
Fax Number : (561) 776-2266

AL 1

LIMITED LIABILITY COMPANY

DoctorMyEyes, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -7 PM 12: 05

RECEIVED
00 DEC -7 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **DoctorMyEyes, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
15622 Cypress Park Drive
Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Nadia Nassiff

Name

15622 Cypress Park Drive

Florida street address (P.O. Box NOT acceptable)
Wellington FL 33414

City, State, and Zip

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -7 PM 12:05

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

SEE ATTACHED CERTIFICATE

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen Levy (Organizer)

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

DoctorMyEyes, LLC

2. The name and address of the registered agent and office is:

**Nadia Nassiff
15622 Cypress Park Drive
Wellington, FL 33414**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent.



Nadia Nassiff

12.1.00
(Date)

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