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(Requestor's Name)

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(City/State/Zip/Phone #)

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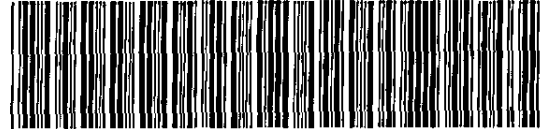
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N. Culligan NOV 30 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRESTON H. STARKS FAMILY EYECARE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PRESTON H. STARKS OD

(Name of Person)

(Firm/Company)

12100 LEM TURNER RD.

JACKSONVILLE, FL. 32218 (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

PRESTON H. STARKS, OD

(Name of Person)

at (904) 768-8811

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
OF**

PRESTON H. STARKS FAMILY EYECARE, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be
("company"). **PRESTON H. STARKS FAMILY EYECARE, LLC**

ARTICLE II - ADDRESS

The mailing and street address of the principal office of the company is at
12100 LEM TURNER ROAD, JACKSONVILLE, FLORIDA 32218.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

**PRESTON H. STARKS, OD
12100 LEM TURNER ROAD, JACKSONVILLE, FLORIDA 32218**

Having been named as registered agent and to accept service of process for the above named limited liability company at the place designated herein, i hereby accept appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes

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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 F.S. Chapter 608.


PRESTON H. STARKS, OD

ARTICLE IV - EFFECTIVE DATE

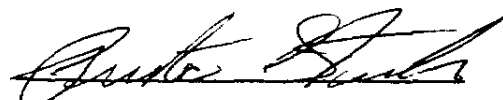
The effective date of the company shall be date of filing.

ARTICLE V - MANAGING MEMBERS

The name and address of each managing member is as follows:

PRESTON H. STARKS, OD
12100 LEM TURNER ROAD
JACKSONVILLE, FL. 32218

WILMA E. CASE-STARKS
12100 LEM TURNER ROAD
JACKSONVILLE, FL. 32218


PRESTON H. STARKS, OD

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