

## Florida Department of State

Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**06000047253**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000124176 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : ROBERTS, SEWARD & COMPANY PA  
Account Number : I20040000178  
Phone : (813) 225-1040  
Fax Number : (813) 221-3135

RECEIVED  
06 MAY -5 PM 12:33  
DIVISION OF CORPORATION

2006 MAY -5 AM 11:52  
SECRETARY OF STATE  
DIVISION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****THE EYE INSTITUTE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H060001241763

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE EYE INSTITUTE, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5413 US 19  
NEW PORT RICHEY, FL 34855

**Mailing Address:**

2020 SEVEN SPRINGS BLVD  
NEW PORT RICHEY, FL 34855

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

PAUL CURTIS

Name

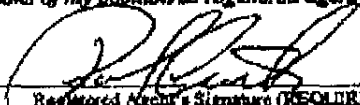
2020 SEVEN SPRINGS BLVD

Florida street address (P.O. Box NOT acceptable)

NEW PORT RICHEY FL 34855

City, State, and Zip

*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 606, F.S.*

x   
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H060001241763

2006 MAY -5 AM 11:52

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES

H060001241763

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

LARRY PERICH

2020 SEVEN SPRINGS BLVD

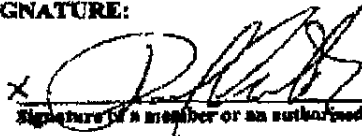
NEW PORT RICHEY, FL 34655

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

x 

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

(In accordance with section 608.404(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

LARRY PERICH

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H060001241763

2006 MAY -5 AM 11:52

FILED  
STATE  
OFFICE  
JULY 11 2006