

LOG 000089800

Igler & Docherty
(Requestor's Name)

2457 care drive
(Address)

Tallahassee FL 32308
(Address)

(850) 878-2111 Please call when ready
(City/State/Zip/Phone #)

☒ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

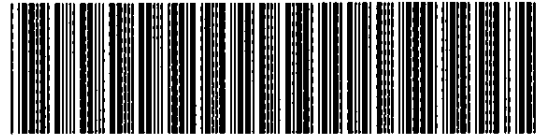
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALL

Office Use Only



500079254855

09/13/06--01009--025 **125.00

FILED
06 SEP 13 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 SEP 13 AM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
EYES AT CENTERVILLE PARK, LLC

FILED
06 SEP 13 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the Limited Liability Company is **EYES AT CENTERVILLE PARK, LLC** (the LLC).

2. Purpose. The purpose for which the LLC is organized to engage in any and all lawful business activities under the laws of the State of Florida and of the United States of America.

3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 2750 Centerville Road, Tallahassee, Florida 32308 and the mailing address shall be 2750 Centerville Road, Tallahassee, Florida 32308.

4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

Van P. Geeker, Esquire
Igler & Dougherty, P.A.
2457 Care Drive
Tallahassee, Florida 32308

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.



Van P. Geeker, Esquire, Registered Agent

Executed at Tallahassee, Florida, on this 12th day of September, 2006.



Richard M. Palmer, M.D., Member

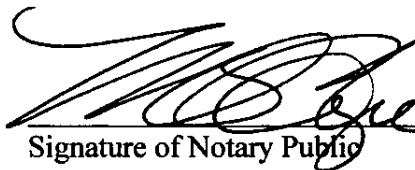
STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 12th day of September 2006, by Richard M. Palmer, M.D., Member, who is personally known to me and who did not take an oath.



Marlyne S. Tyre
Commission # DD152021
Expires September 25, 2006
Bonded Troy Pain - Insurance, Inc. 800-969-7019


Signature of Notary Public