

# LD0000090260

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.**

((H06000201516 3)))



H060002015163ABCV

**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 : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### SAFEGUARD YOUR SIGHT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED  
06 SEP 13 PM 3:20  
DIVISION OF CORPORATIONS

FILED  
06 SEP 13 AM 11:44  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

8/9/14

Electronic Filing Menu

Corporate Filing Menu

Help

SEP-13-2006 13:56

P.02

H060002015163



August 11, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SAFEGUARD YOUR SIGHT, LLC  
P.O. BOX 3301  
TAMPA, FL 33601

SUBJECT: SAFEGUARD YOUR SIGHT, LLC  
REF: W06000035485

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The principal address must be at a street address. A post office box is not acceptable.

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) 245-6984.

Deborah Bruce  
Document Specialist

FAX Aud. #: H06000201516  
Letter Number: 606A00049929

H060002015163

P.O BOX 6327 - Tallahassee, Florida 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 13 AM 11:44

H06000201516 3

**ARTICLES OF ORGANIZATION  
SAFEGUARD YOUR SIGHT, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is SAFEGUARD YOUR SIGHT, LLC.

**ARTICLE II – Address:**

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

1435 Harbour Walk Road  
Tampa, FL 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 13th day of September, 2006.

  
\_\_\_\_\_  
Signature of 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.)

Erin Smith Aebel, Esq.  
\_\_\_\_\_  
Typed or printed name of signee

H06000201516 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 13 AM 11:44

H06000201516 3

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **SAFEGUARD YOUR SIGHT, LLC.**
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd.  
Suite 2800  
Tampa, Florida 33602

*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.*

  
Signature

H06000201516 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 13 AM 11:44