

LD6000104024

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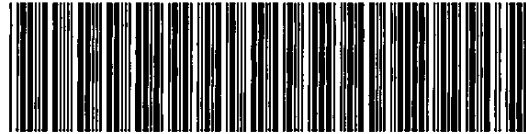
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eye Care Center of Ocala, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Mary Scribner
(Name of Person)

Robson, Scribner & Stewart, PA
(Firm/Company)

307 NE 36th Ave #1
(Address)

Ocala, FL 34470
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Scribner at (352) 694-4184
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

Eye Care Center of Ocala, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article I - The name of the Limited Liability Co is
original - "Eye Care Center of Ocala, LLC"
the correct name is "Eyecare Center of Ocala, LLC"

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 11-17, 2006

Mary C. Scribner
Signature of a member or authorized representative of a member

Mary C. Scribner
Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
06 NOV 20 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000104024
FILED 8:00 AM
October 25, 2006
Sec. Of State
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Article I

The name of the Limited Liability Company is:

EYE CARE CENTER OF OCALA, LLC

Article II

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

3600 S.W. 54TH COURT
OCALA, FL. 34474

The mailing address of the Limited Liability Company is:

3600 S.W. 54TH COURT
OCALA, FL. 34474

Article III

The purpose for which this Limited Liability Company is organized is:

THE PURPOSE OF THIS PROFESSIONAL LIMITED LIABILITY COMPANY
IS TO TRANSACT BUSINESS OF OPTOMETRISTS AND OPTOMETRY
SERVICES OR ANY OTHER BUSINESS FOR WHICH COPORATIONS MAY
BE INCORPORATED UNDER CHAPTER 621 FLORIDA STATUTES.

Article IV

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

TERRIE OVERHOLSER
3600 S.W. 54TH COURT
OCALA, FL. 34474

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.

Registered Agent Signature: TERRIE OVERHOLSER

Article V

The name and address of managing members/managers are:

• Title: MGR
• RAY OVERHOLSER
3600 S.W. 54TH COURT
OCALA, FL. 34474

Title: MGR
TERRIE OVERHOLSER
3600 S.W. 54TH COURT
OCALA, FL. 34474

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October 25, 2006
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

10/25/2006

Signature of member or an authorized representative of a member

Signature: MARY C. SCRIBNER, CPA