

L09000010943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

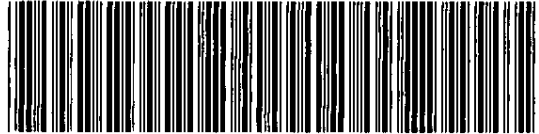
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200142358632

02/02/09--01032--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 FEB -2 AM 11:33

FILED

C. LEWIS

FEB 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENVISION EYE SPECIALISTS 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:

JOSEPH J ROSS
(Name of Person)

ENVISION EYE SPECIALISTS LLC.
(Firm/Company)

6205 DIANA COURT
(Address)

HIGHLAND HEIGHTS, OHIO 44143
(City/State and Zip Code)

For further information concerning this matter, please call:

TANICE WADE at (216) 409-2233
(Name of Person) (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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2009 FEB -2 AM 11:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY DATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ENVISION EYE SPECIALISTS LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3300 S.W. 34TH AVE SUITE #201
OCAIA, FLA 34474

6205 DIANA CT
HIGHLAND HEIGHTS, OHIO 44113

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:

JOSEPH J. ROSS.

Name

2955 S.E. HIGHWAY 19 CRYSTAL RIVER, FLA

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

CRYSTAL RIVER FL 34429

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 608, F.S.

Joseph J. Ross

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

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

2009 FEB -2 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOSEPH T. ROSS
6205 DIANA COURT
HIGHLAND HEIGHTS, OHIO 44143

MGRM

LARRY M. PERICH.
2020 SEVEN SPRINGS BLVD
NEW PORT RICHEY, FLA 34655

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-26-2009. (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:

Joseph J. Ross
Signature of a member or 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.)

JOSEPH T. ROSS.
Typed or printed name of signee

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)