

Division of Corporations

LD8000052737

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.

(((H09000131660 3)))



H090001316603ABC.

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

L. SELLERS

JUN - 1 2009

To:

Division of Corporations
Fax Number : (850) 617-6383

EXAMINER

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

S & L Vision Care LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

09 MAY 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/cfilcovr.exe>SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 29 AM 8:23

FILED

05/29/2009

H09000131660

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

ARTICLE I - Name

The name of the Limited Liability Company is: **S & L Vision Care 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:

101 Highway 17 N., Unit A1

101 Highway 17 N., Unit A1

Winter Haven, FL 33880

Winter Haven, FL 33880

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

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

Shella Martha Coffee

Name

12070 Palm Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Fort Myers, FL 33908

(City / State / 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.



Registered Agent's Signature - Shella Martha Coffee

FILED
09 MAY 29 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H09000131660

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

H09000131660

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Shelia Martha Coffee - 12070 Palm Drive, Fort Myers, FL 33908

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Shelia Martha Coffee

Typed or printed name of signee

FILED
09 MAY 29 AM 8:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA
H09000131660