

Aug 16 2010 16:44

Daniel Hicks, P.A.

351-8054

Page 1

Division of Corporations

Page 1 of 1

L10000686078

Florida Department of State
Division of Corporations
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.

(((H10000184115 3)))



H100001841153ABCV

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) 617-6383

From:

Account Name : DANIEL HICKS, P.A.
Account Number : 075061003325
Phone : (352) 351-3353
Fax Number : (352) 351-8054

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

FILED
10 AUG 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10 AUG 16 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
EYE CARE OF TRINITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

S. HAWKES

AUG 17 2010

Electronic Filing Menu

Corporate Filing Menu

Help EXAMINER

(((H10000184115 3)))

ARTICLES OF ORGANIZATION
OF
EYE CARE OF TRINITY, LLC

FILED
20 AUG 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I
NAME AND ADDRESS

The name of the limited liability company shall be EYE CARE OF TRINITY, LLC ("Company"). The principal place of business of the Company in Florida shall be 7813 Mitchell Boulevard, Trinity, Florida 34655.

ARTICLE II
DURATION

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization or the laws of the State of Florida.

ARTICLE III
PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV
REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Navin Singh, 103 Knights Court, Royal Palm Beach, Florida 33411.

ARTICLE V
MEMBERSHIP UNITS

The Company is authorized to issue 100 Membership Units.

(((H10000184115 3)))


(((H10000184115 3)))

ARTICLE VI
MANAGEMENT (MANAGEMENT BY MANAGER)

The Company shall be managed by a Manager or Managers in accordance with regulations adopted (Operating Agreement) by the Members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The Company shall initially have two (2) Managers. Any Manager may sign any and all documents on behalf of the Company, including but not limited to documents to sell and convey, to borrow money and to grant a security interest in assets of the Company. Managers may also have an officer designation. The names and addresses of the initial Managers of the Company are:

<u>NAME</u>	<u>DESIGNATION</u>	<u>ADDRESS</u>
Navin Singh	Manager	103 Knights Court Royal Palm Beach, FL 33411
Camilla Singh	Manager	103 Knights Court Royal Palm Beach, FL 33411

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this 16 day of August, 2010.




NAVIN SINGH, Organizer

STATE OF FLORIDA
COUNTY OF MARION

Before me, personally appeared, NAVIN SINGH, to me well known and known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that he executed said instrument for the purposes therein expressed, and that he is personally known to me or produced FL Drivers License as identification.

WITNESS my hand and official seal this 16th day of August, 2010.

NOTARY PUBLIC-STATE OF FLORIDA
Tina Desmond
Commission # DD999458
Expires: FEB. 18, 2014
BONDED THRU ATLANTIC BONDING CO., INC.



Notary Public - State of Florida

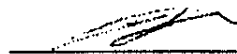
(((H10000184115 3)))

(((H10000184115 3)))

ACCEPTANCE BY REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above-stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent

Dated this 16 day of August, 2010.



NAVIN SINGH

FILED
10 AUG 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H10000184115 3)))