

L12000068951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/12--01023--008 **125.00

FILED
12 MAY 18 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Luckey Eye, LLC
Robert E Luckey, O.D., P.A. Sole MBR/MGR
27340 Cashford Circle, Suite 102
Wesley Chapel, FL 33543

May 8, 2012

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

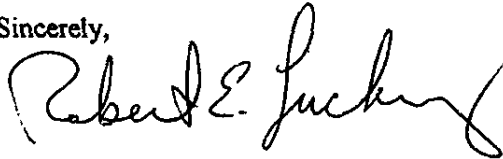
RE: Document #: L09000111525
Luckey Eye, LLC.

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the LLC, Luckey Eye, LLC., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,



Robert E Luckey, O.D., P.A.,
MGR
Luckey Eye, LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luckey Eye, 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:

Robert E Luckey, O.D., P.A.
Name of Person

Firm/Company

27340 Cashford Circle, Suite 102
Address

Wesley Chapel, FL 33543
City/State and Zip Code

aru1@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Porat at (813) 870-0060
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Luckey Eye, 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:

3407 Lintower Dr
Land O Lakes, FL 34638

Mailing Address:

3407 Lintower Dr
Land O Lakes, FL 34638

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:

Robert E Luckey, OD, PA

Name


27340 Cashford Circle, Ste 102

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

Wesley Chapel FL 33543

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12 MAY 18 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert E Luckey, OD, PA

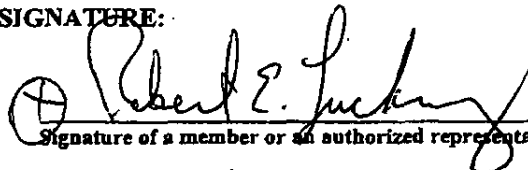
27340 Cashford Circle, Ste 102

Wesley Chapel, FL 33543

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert E Luckey, OD, PA

Typed or printed name of signee