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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan

JUN 18 2013

ALLAN L. CASEY
DANIEL P. ROONEY

Law Offices
ALLAN L. CASEY
P.O. Box 7146
Winter Haven, Florida 33883-7146
863-294-4468
FAX 863-294-3947

395 Avenue C, N.W.
Winter Haven, Florida 33881

June 10, 2013

Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: The GlassesShop, LLC

Ladies & Gentlemen:

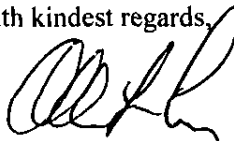
Enclosed herewith for filing, please find Articles of Organization for The GlassesShop, LLC. I have enclosed my client's check in the amount of \$155.00 to be applied as follows:

Filing Fees	\$125.00
Certified Copies of Record	<u>30.00</u>
	\$155.00

For your convenience, I have also enclosed a self-addressed, postage prepaid envelope to facilitate the return of the Certified Copy of Record to my office.

Should you have any questions or require additional information, please feel free to contact me.

With kindest regards,



Allan L. Casey, Esquire

ALC/lj
Enclosures

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ARTICLES OF ORGANIZATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR

The GlassesShop, LLC

ARTICLE I. NAME

The name of the Limited Liability Company is **The GlassesShop, LLC** (hereinafter referred to as the Company).

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Company is: 215 First Street North, Suite 100, Winter Haven, Florida 33881.

ARTICLE III. REGISTERED AGENT & OFFICE

The name and the Florida street address of the registered agent for the Company is: ALLAN L. CASEY, 395 Avenue C, N.W., Winter Haven, Florida 33881.

ARTICLE IV. MANAGEMENT AND AGENCY AUTHORITY

The Company shall be managed by one or more Managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a Member and acknowledged them to be my act this 10th day June, 2013.



Signature of Authorized Representative
ALLAN L. CASEY

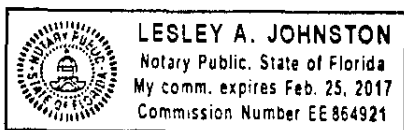
Having been named as Registered Agent and to accept service of process for **The GlassesShop, LLC** at the address designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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.



ALLAN L. CASEY, Registered Agent

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of June, 2013, by **ALLAN L. CASEY, on behalf of the LLC**, who is [☒] personally known to me or [☐] provided the following identification: _____.



Lesley A Johnston

NOTARY PUBLIC
State of Florida

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TALLAHASSEE, FLORIDA