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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE FALL AHASSEE, FLORIDA

MAR = 4 2014

T. BROWN

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: EYEGLARE 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: |
| MARTIN A. WELT PhD Name of Person |
| |
| Firm/Company |
| 9696 BAYWOOD PARK LANE |
| PARAY BEACH, FL 33446 City/State and Zip Code Manggog & gmal. Com E-man address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| MARTIN WELT at (561) 270-2773 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} |
| Mailing Address Registration Section Registration Section |

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

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: |
| EYE GLARE 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: |
| 9696 BAYWOOD PARK LAWE 9696 BAYWOOD FIRK LAWE DELRAY BEACH FLOUDA 33446 FLOUDA 33446 FLOUDA 33446 |
| DELLAY BEACH DELKAY BEACH |
| 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: |
| MARTIN A WELT PAD |
| MARTIN A WELT PhD Name 9696 BAYWOOD PARK LAWE |
| Florida street address (P.O. Box NOT acceptable) |
| DELLAY BEACH FL 33446 City Zip |
| City 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 605, F.S Registered Agent's Signature (REQUIRED) |
| |

(CONTINUED)
Page 1 of 2

| <u> Fitle:</u> | Name and Address: |
|--|---|
| AMBR" = Authorized Member MGR" = Manager | M |
| AMBR | MARTINA WELT PhiD |
| | 9696 BAY WOOD PARY LAN DELRAY BEACH, FL 33 |
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| etive date is listed, the date must be filing.) VI: Other provisions, if any. EEQUIRED SIGNATURE: Signature of a I (In accordance with section constitutes an affirmation) | member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. |
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