

**L14000056296**

Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
SOUTH FLORIDA EYECARE CENTER, LLC**

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE  
44 NE 16<sup>th</sup> Street  
Homestead, Florida 33030  
305-247-7132  
Florida Bar No. 435910

**ARTICLES OF ORGANIZATION**  
**OF**  
**SOUTH FLORIDA EYECARE CENTER, LLC**

**ARTICLE I:**

The name of this limited liability company shall be: SOUTH FLORIDA EYECARE CENTER, LLC, a Florida limited liability company.

**ARTICLE II:**

The mailing address and street address of the principal office of the limited liability company shall be as follows:

MAILING ADDRESS:  
948 N. Krome Avenue  
Homestead, Florida 33030

PHYSICAL ADDRESS:  
948 N. Krome Avenue  
Homestead, Florida 33030

**ARTICLE III:**

The name of the registered agent for SOUTH FLORIDA EYECARE CENTER, LLC, is as follows:

GERALD D. FURNARI  
948 N. Krome Avenue  
Homestead, FL 33030

**ARTICLE IV:**

This limited liability company shall be a member-managed company and shall be managed by *two* member managers.

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ARTICLE V:

The initial members of SOUTH FLORIDA EYECARE CENTER, LLC, shall be:

ROBERT L. LOFTON, as to a 50% interest  
948 N. Krome Avenue  
Homestead, Florida 33030

GERALD D. FURNARI, as to a 50% interest  
948 N. Krome Avenue  
Homestead, Florida 33030

ARTICLE VI:

The initial managing members shall be:

ROBERT L. LOFTON, (AMBR)  
948 N. Krome Avenue  
Homestead, Florida 33030

GERALD D. FURNARI, (AMBR)  
948 N. Krome Avenue  
Homestead, Florida 33030

DATED this 4th day of April, 2014.


  
GERALD D. FURNARI, Authorized Member

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE  
OF  
SOUTH FLORIDA EYECARE CENTER, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this thir day of April 2014.

  
\_\_\_\_\_  
GERALD D. FURNARI  
Registered Agent  
948 N. Krome Avenue  
Homestead, Florida 33030

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