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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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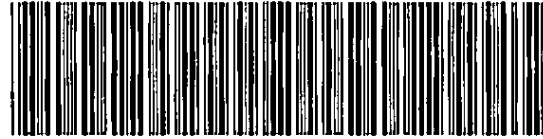
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 28 PM 2:20
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: DOCTORS EYECARE CENTERS, 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:

JAY A. BRETT

Name of Person

SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

Firm/Company

9100 COLLEGE POINTE COURT

Address

FORT MYERS, FL 33919

City/State and Zip Code

T.UNDERHILL@JUNO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY A. BRETT

239

334-1141

at ()

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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATE OF FLORIDA
DIVISION OF CORPORATIONS
18 SEP 28 PM 2:20
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
DOCTORS EYECARE CENTERS, LLC
(Manager Managed)

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I
NAME AND PRINCIPAL OFFICE

The name of the Limited Liability Company shall be DOCTORS EYECARE CENTERS, LLC ("Company"). The mailing address and street address of the principal office of the Company is: 1030 Lone Drive, Fort Myers, Florida 33919.

ARTICLE II
DURATION

The Company shall commence its existence upon the filing of these Articles of Organization, and its existence shall be perpetual unless the Company is dissolved as provided in these Articles of Organization.

ARTICLE III
PURPOSES AND POWERS

The general purpose for which the Company is organized is to engage in the practice of optometry in all activities associated therewith, and to conduct other lawful activities incident to same. The Company shall further be authorized to transact 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 Florida street address of the Registered Agent for the Company is Timothy E. Underhill, O.D., 1030 Lone Drive, Fort Myers, Florida 33919.

ARTICLE V
MANAGEMENT

The Company shall be managed by a Manager, who is the person authorized to manage and control the company in accordance with the Company's Operating Agreement. Such Operating Agreement may contain provisions for the regulation and management of the affairs of the Company not inconsistent with Florida law or these Articles of Organization. The initial Manager and his address is: Timothy E. Underhill, O.D., 1030 Lone Drive, Fort Myers, Florida 33919.

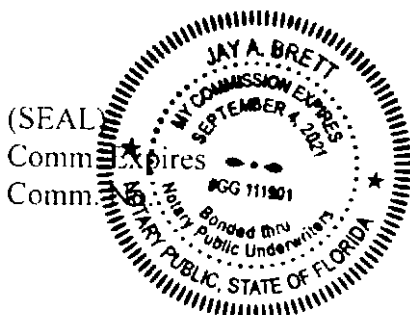
IN WITNESS WHEREOF, the undersigned Member or authorized representative of a Member has made and subscribed these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this 27 day of September, 2018.

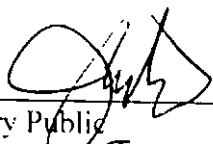

TIMOTHY E. UNDERHILL, O.D.

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 27 day of September, 2018, by Timothy E. Underhill, O.D., who (X) is personally known to me or () has produced _____ as identification.




Notary Public
Jay A. Brett
Printed Notary Signature

18 SEP 28 PM 2:20
STATE OF FLORIDA
COUNTY OF LEE
JAY A. BRETT
NOTARY PUBLIC

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for DOCTORS EYECARE CENTERS, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 605, Florida Statutes.


TIMOTHY E. UNDERHILL, O.D.

Date: September 27, 2018

STATE OF FLORIDA
DIVISION OF CORPORATION
18 SEP 28 PM 2:20
TALLAHASSEE, FLORIDA