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FLORIDA LIMITED LIABILITY CO.
Reunion Eyes LLC

Certificate of Status	0
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Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Organization for
Reunion Eyes LLC
a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I

Name

The name of this company shall be Reunion Eyes LLC.

ARTICLE II

Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address of the principal office of this company is 407 Avenue K SE, Winter Haven, Florida 33880. The street address of the principal office of this company is 407 Avenue K SE, Winter Haven, Florida 33880.

ARTICLE IV

Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state are as follows: David M. Loewy, 407 Avenue K SE, Winter Haven, Florida 33880.

ARTICLE V

Management

The company is to be a member-managed company.

ARTICLE VI

Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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Article VII

Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Administrative Member	David M. Loewy 407 Avenue K SE Winter Haven, Florida 33880
Administrative Member	Daniel W. Welch 407 Avenue K SE Winter Haven, Florida 33880
Administrative Member	Damon Welch 407 Avenue K SE Winter Haven, Florida 33880

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 26 day of October, 2020.



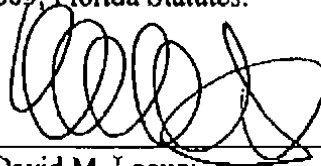
David M. Loewy

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STATEMENT OF REGISTERED AGENT

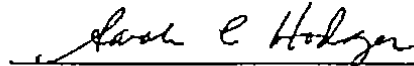
Having been named as Registered Agent for Reunion Eyes LLC and to accept service of process for the company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 605, Florida Statutes.



David M. Loewy

STATE OF FLORIDA
COUNTY OF POLK

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 4th day of October, 2020, by David M. Loewy.



Signature of Notary Public

Printed, typed, or stamped commissioned
Name of Notary PublicPersonally known ☒ or produced identification ____.

Type of identification produced: _____

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