

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sales@eloenterprises.us

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FLORIDA LIMITED LIABILITY CO. EYE CARE FLORIDA, LLC.

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Corporate Filing Menu

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July 6, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

ELO ENTERPRISES, INC

SUBJECT: EYE CARE FLORIDA, LLC

REF: W22000088962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Genesis R Kersey OPS Clerk

FAX Aud. #: H22000228333 Letter Number: 022A00015084

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE :	l - Name: the Limited Liability	Company in		
The hame of	the Elimed Liability	Company is:		
_	EYE FLORIDA CAI			
•	(Must contai	n the words 'Limited	Liability Com	pany, "L.L.C.," or "LLC.")
	II - Address:			
The mailing	address and street add	ress of the principal of	ffice of the Lir	nited Liability Company is:
	Principal	Office Address:		Mailing Address:
_	1201 S Ridgewood Ave			1201 S Ridgewood Ave
_	Daytona Beach, FL 321	14		Daytona Beach, FL 32114
-			 	
	iness entity with an ac	-	agent are:	
		4700 NW Boca R	Peton Blvd #202	
		Florida street addres		OT acceptable)
		Boca Raton	FL	33431
		City	State	Zip
olace designat further agree t	ed in this certificate. I i o comply with the prov	hereby accept the appo risions of all statutes re ations of my position a	intment as reg elating to the p s registered ag	for the above stated limited liability company at the istered agent and agree to act in this capacity. I roper and complete performance of my duties, and I ent as provided for in Chapter 605, F.S
		. Kegiste	red Agent's S	ignature (REQUIRED)

(CONTINUED)

PUL -6 PMI2: 3 ONETAND OF STATE

Title:		Name and Address:	
	uthorized Member		
"MGR" = Mar	1ager		
MGR		Takashi Yanagisawa	
		4700 NW Boca Raron Blvd #202	
		Boca Raton, FL 33431	
			
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