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COVER LETTER

TO: Registration Section Division of Corporations	
Eccles Custom Eye Surgery, LLC	
SUBJECT: Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	o the following:
Luca Di Nunzio	
Name of Person	
Dorcey Law Firm	
Firm/Company	
10181 Six Mile Cypress Pkwy, Suite C	
Address	
Fort Myers, Fl. 33966	
City/State and Zip Code	
support@dlfregisteredagent.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please ca	M:
Luca Di Nunzio	239 418-0169
Name of Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

NAME OF LLC: ECCLES CUSTOM EYE SURGERY, LLC

DOCUMENT NUMBER: L22000503688

PRINCIPAL ADDRESS: 11103 Sierra Palm Ct, Fort Myers, FL 33966

MAILING ADDRESS: 11103 Sierra Palm Ct, Fort Myers, FL 33966

MANAGER: Sarah E. Eccles-Brown

Below is the authority given to Sarah E. Eccles-Brown, Manager of the above-named LLC. If this person has unlimited authorization, the option "All Authorization to act on behalf of the LLC, including but not limited to the Options Listed Below (Unlimited Authority)" will be selected and will apply to Him/Her.

\boxtimes	All Authorization to act on behalf of the LLC, including but not limited to the Options
Listed	Below (Unlimited Authority).
	He/She has Authority to Execute an Instrument Conveying (Sale/Lease) Real Property
Owned	by the LLC.
	He/She has Authority to Purchase Property in the Name of the LLC.
	He/She has authority to Enter into Contract(s) for the Maintenance/ Improvement of Real
Propert	ty.
	He/She has authority to Open Bank Account(s) in Name of the LLC.
	He/She has authority to Close Bank Account(s) Owned by the LLC.
	He/She has authority to Use, Execute, Negotiate, and/or Assign LLC Debit/Credit Cards
and/or	other instruments of payment on behalf of the LLC.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Personal Property
(E.g., V	/ehicles/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Personal Property (E.g.,
Vehicle	es/Equipment).
	He/She has authority to Enter into Contract(s) for the Purchase of Supplies.
	He/She has authority to Enter into Contract(s) for the Purchase of Material(s).
	He/She has authority to Enter into Contract(s) for the Purchase of Merchandise.
	He/She has authority to Enter into Contract(s) for the Purchase of Services.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Supplies.
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Material(s).
	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Merchandise.

	He/She has authority to Enter into Contract(s) for the Sale of the LLC's Services.
□ beba	He/She has authority to Enter into and maintain Contract(s) for Insurance Services of the LLC.
	He/She has authority to File Annual Reports with State of Florida.
	He/She has authority to Amend Annual Reports with State of Florida.
	He/She has authority to File Statement of Authority(s) with State of Florida.
	He/She has authority to Amend/Cancel/Renew Statement of Authority(s) in State
Flori	da.
	He/She has authority to Amend Articles of Organization.
	ore space was needed, a separate sheet(s) of paper will be attached to the back of this form.
If mo	