

1/12/23, 7:00 AM  
**L23000015370** Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000015067 3)))



H230000150673-BCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
 Doing so will generate another cover sheet.

To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
 Account Number : 075410002172  
 Phone : (239)344-1100  
 Fax Number : (239)344-1529

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

Email Address: hira@henlaw.com

**FLORIDA LIMITED LIABILITY CO.  
 CLEAR FOCUS OPTOMETRY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2023 JAN 12 11:18:11

23 JAN 12 07:12:35

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H23000015067 3

**ARTICLES OF ORGANIZATION  
OF  
CLEAR FOCUS OPTOMETRY, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be Clear Focus Optometry, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

The mailing and street address of the principal office of the Company is:

16073 RAVINA WAY  
NAPLES, FL 34110

**ARTICLE III-EFFECTIVE DATE**

This professional limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

**Name**

**Address**

HF Registered Agents, LLC

1715 Monroe Street  
Fort Myers, FL 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

FAX AUDIT NO. H23000015067 3:

FAX AUDIT NO.: H23000015067 3

Name

Address

JAKE M. ROCKMAN, O.D

16073 RAVINA WAY  
NAPLES, FL 34110

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 12<sup>th</sup> day of January 2023.



Erin E. Houck-Toll,  
Authorized Representative

23 JAN 12 PM 12:35  
FAXED TO: 12392943731

FAX AUDIT NO.: H23000015067 3

FAX AUDIT NO.: H23000015067 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: CLEAR FOCUS OPTOMETRY, LLC.
2. The name and address of the registered agent and office are:

HF Registered Agents, LLC  
1715 Monroe Street  
Fort Myers, FL 33901

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, 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 for in Chapter 605, Florida Statutes.

**HF Registered Agents, LLC**

By: 

Erin E. Houck-Toll, Vice-President

23 JAN 12 PM 12:35

FAX AUDIT NO.: H23000015067 3