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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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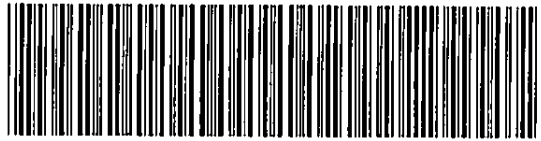
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



**CAPITOL
SERVICES**

Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 4/1/2024

Trans#: 1453025

Entity Name: **EYE CENTERS OF FLORIDA, P.A.**

Articles of Incorporation ()

Articles of Dissolution ()

Conversion (XXX)

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

Partnership Registration ()

STATE FEES PREPAID WITH CHECK # 3827 FOR \$180.00

PLEASE RETURN:

Certified Copy (XXX) Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

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TALLAHASSEE, FL



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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: EYE CENTERS OF FLORIDA, P.A.

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

BRUCE D. GREEN, ESQ.

(Contact Person)

GREEN SCHOENFELD & KYLE LLP

(Firm/Company)

1380 ROYAL PALM SQUARE BLVD

(Address)

FORT MYERS, FLORIDA 33919

(City, State and Zip Code)

BRUCEGREEN@GSKATTORNEYS.COM

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

BRUCE D. GREEN

at (239) 936-7200

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in dollars and drawn on a bank located in the United States)

☐ \$150.00 Filing Fees
((\$25 for Conversion
& \$125 for Articles
of Organization)

☐ \$155.00 Filing Fees
and Certificate of
Status

☒ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees.
Certified Copy, and
Certificate of Status

Mailing Address:

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

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
EYE CENTERS OF FLORIDA, P.A.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a PROFESSIONAL ASSOCIATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/28/1972
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
EYE CENTERS OF FLORIDA, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

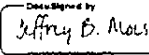
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TALLAHASSEE, FL

Signed this 28th day of March 2024.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: 
Printed Name: GRACE GUTIERREZ, SENIOR VP Title: MANAGER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: 
Printed Name: JEFFREY B. MOES Title: DIRECTOR

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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CLERK OF DISTRICT COURT
JACKSONVILLE

Articles of Organization

of

Eye Centers of Florida, LLC

A Florida Limited Liability Company

1. **Name.** The name of this limited liability company is Eye Centers of Florida, LLC (the "Company"), and it shall be formed as a Florida limited liability company under Chapter 605, Florida Statutes.

2. **Duration.** The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

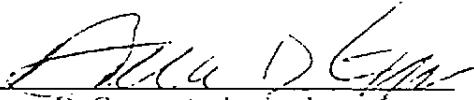
3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of the State of Florida.

4. **Place of Business.** The mailing address of the Company's principal office is 8695 College Parkway, Suite 100, Fort Myers, Florida 33919, and the street address of the Company's principal office is 2265 Oak Ridge Court, Fort Myers, Florida 33901.

5. **Registered Agent and Office.** The name of the initial registered agent of the Company is GSK Registered Agents, Inc. The street address of the initial registered agent of the Company is 1380 Royal Palm Square Boulevard, Fort Myers, Florida 33919.

6. **Management of the Company.** The Company shall be managed by a Manager or Managers and is, therefore, a manager-managed company. FineMark National Bank & Trust, as Personal Representative of the Estate of David C. Brown, III, shall serve as the initial Manager of the Company. The street address of the initial Manager of the Company is 8695 College Parkway, Suite 100, Fort Myers, Florida 33919.

The undersigned executed these Articles of Organization effective as of April 11, 2024. In accordance with the Act, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

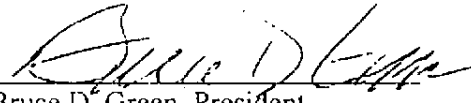

Bruce D. Green, Authorized
Representative

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Acceptance by Registered Agent

Having been named Registered Agent and designated to accept service of process for Eye Centers of Florida, LLC, at the place designated herein, and being familiar with the obligations of that position, GSK Registered Agents, Inc., hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the duties of the Registered Agent.

GSK Registered Agents, Inc., a Florida corporation

By: 
Bruce D. Green, President

Dated: April 1, 2024

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TALLAHASSEE, FL