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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

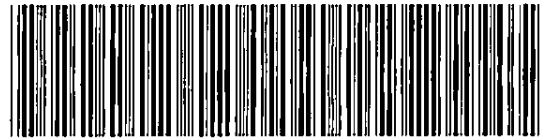
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Certified Copies _____ Certificates of Status _____

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U.S. DEPT. OF JUSTICE



Tax & Accounting

Professional Accounting Group

August 23, 2024

VIA CERTIFIED

Secretary of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: QUAD EYES VISION CARE, LLC

To Whom It May Concern:

Enclosed you will find two Articles of Organization for the above referenced Limited Liability Company. Also enclosed is the state letter in the amount of \$130.00, please file these Articles and return a copy to this office in the attention to Professional Accounting Group, LLC PO Box 622521 Orlando, FL 32862-2521.

Thank you for your assistance and cooperation and if you have any questions, please feel free to call.

Sincerely,

David Olivencia, JSM

Cc: QUAD EYES VISION CARE, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: QUAD EYES VISION CARE LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Olivencia, JSM

Name of Person

Professional Accounting Group LLC

Firm/Company

PO Box 622521

Address

Orlando FL 32862-2521

City/State and Zip Code

david@professionalaccountinggroupllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Olivencia, JSM

407

207-5509

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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

2007 SEP -5 PM 9:05
SECRETARY OF STATE
FILED

Articles of Organizations OF
QUAD EYES VISION CARE, LLC.

KNOW ALL MEN BY THESE PRESENTS: That, Yusra Quadri desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

1. Company Name: the name of the limited liability company is QUAD EYES VISION CARE, LLC.
2. Duration: That the period of duration of this limited liability company is thirty years from the date of filing hereof with the Florida, unless sooner dissolved as provided by Florida law.
3. Purpose: That the purpose for which this limited liability company is organized is primarily to any and all legal business, and other goods and services that are permitted by law, within and without the Florida as the laws of Florida and other states permit.
4. Principal Place of Business: That the address of its principal place of business is 11619 Daryl Carter Pkwy Orlando FL 32821, and the mailing address is 1731 Reflection lane St Cloud, FL 34771
5. Registered Agent and Office: That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Yusra Quadri and address of the agent at the registered office is 1731 Reflection lane St Cloud, FL 34771.
6. Capitalization: That the total capital contributions of each Member, which is his or its respective undivided interest in personal property having at least a value totaling 1000.00 should be allocated as follows: \$1000.00 Cash Contribution, Yusra Quadri and Syed Atef Mujeeb.

1000 Cash Contribution, Yusra Quadri is to serve as Managing Manager and Executive Officer, and Syed Atef Mujeeb as Authorized Member.
7. Additional Liability of Members: no additional capital contributions will be required.
8. Admission of Additional Members: That additional Member will be admitted or expelled only with the unanimous consent of all Members entitled to participate in management and upon such terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
9. Continuity of Life: That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if

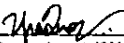
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they unanimously elect to do so. The return of capital and the distribution of profits shall be determined from the company's books, as of the effective date of withdrawal, based on generally accepted accounting practices, and paid as soon as practicable without diminishing the prospects of the company's ventures and subject to the limitations of the Florida Limited Liability Company Act.

10. Management: The business of the company shall be conducted under the exclusive management of its Members, or outside managers if its Members unanimously elect, who shall have exclusive authority to act for the company in all matters. The Members may from time to time designate certain Members as Officers to act for the Company in certain matters as specified by the [Operating Agreement].

DATED this 19th of August 2024.

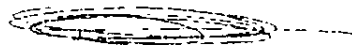
Yusra Quadri

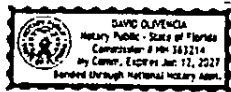

Yusra Quadri (19 Aug 20, 2024 11:28 EDT)

Notary's Acknowledgment

State of Florida)
) ss
County of Orange)

On this 19th of August 2024 before me personally appeared Yusra Quadri to me known to be the person described in and who executed the foregoing instrument and acknowledged to me that Yusra Quadri executed the same as his free act and deed.





Notary Public, State of Florida
My Commission Expires: 06/12/2027
Commission # GG 363214

Personally Known _____
Or Produced Identification DL# Q360-961-89-715-0
Type of Identification produced Florida Driver's License

FILED
SECRETARY OF STATE
2024 SEP -5 PM 9:05

REGISTERED AGENT CERTIFICATE

CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

In pursuance of Chapter 605.0101 and 605.0902, Florida Statutes, the following is submitted in
compliance with said statutes:

That QUAD EYES VISION CARE, LLC., having been organized under the laws of the State
of Florida Limited Liability Company Act, with its principal office, as indicated in the articles of
organization at 11619 Daryl Carter Pkwy Orlando FL 32821 has named Yusra Quadri., its
registered agent; and 1731 Reflection lane St Cloud, FL 34771 as the place where service of
process may be served within this state.

That this designation has been duly approved by a resolution of the organization's members as
applicable under Florida Statute.

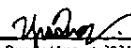
ACKNOWLEDGMENT

Having been named to accept service of process for the above stated organization, 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 relative 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 of the F.S.

Dated 19th of August 2024.

Yusra Quadri

REGISTERED AGENT

By: 
Yusra Quadri

FILED
SECRETARY OF STATE
2024 SEP -5 PM 5:05
TALLAHASSEE, FL 32399

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9. Continuity of Life: That the remaining Members of the limited liability company may only have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company if

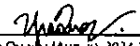
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DIVISION OF CORPORATE REGISTRATION

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DATED this 19th of August 2024.

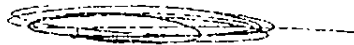
Yusra Quadri

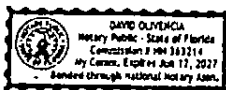

Yusra Quadri (Aug. 20, 2024 14:28 EDT)

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State of Florida)
) ss
County of Orange)

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Notary Public, State of Florida
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Commission # GG 363214

Personally Known _____
Or Produced Identification DL # Q360-961-89-715-0
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SECRETARY OF STATE
DIVISION
2024 SEP -5 PM 9:05

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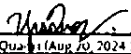
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Dated 19th of August 2024.

Yusra Quadri

REGISTERED AGENT

By: 
Yusra Quadri 11 Aug 20 2024 14:28 EDT

Yusra Quadri

FILED
SECRETARY OF STATE
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