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PLL

Progressive Lens Laboratories Inc.

Ci

Phone #

12345-B Starkey Road  
Largo, Florida 33773

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Progressive Lens Laboratories LLC  
(Corporation Name) (Document #)

700003054357--6  
-11/24/99--01072--005  
\*\*\*\*160.00 \*\*\*\*160.00

2. \_\_\_\_\_  
(Corporation Name) (Document #)

W99-27185

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Mail out
- Will wait

- Photocopy

- Certified Copy
- Certificate of Status

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99 DEC 16 AM 12:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

mtw  
12/7

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 30, 1999

PROGRESSIVE LENS LABORATORIES LLC  
12345-B STARKEY ROAD  
LARGO, FL 33773

SUBJECT: PROGRESSIVE LENS LABORATORIES LLC  
Ref. Number: W99000027185

We have received your document for PROGRESSIVE LENS LABORATORIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the entire articles of organization, also the registered agent cannot be the same as the Limited liability name itself.,

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 999A00056490

99 DEC 6 AM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Progressive Lens Laboratories LLC

## ARTICLE II - Address:

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

12345-B Starkey Road

Largo, FL 33773

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Claude Le Page

Name

12345-B Starkey Road

Florida street address (P.O. Box **NOT** acceptable)

Largo FL 33773

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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 608, F.S.

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Claude Le Page

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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CLERK OF STATE