

N16000004872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

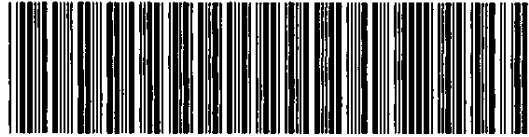
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/16--01038--020 **78.75

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16 MAY -9 AM 8:06

RECEIVED OF STATE
TOLSON, MAY 11 2016

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Through Lauren's Eyes
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robin Cahill
Name (Printed or typed)

1242 NE 104 St
Address

Miami Shores, FL 33138
City, State & Zip

305-491-6901
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Through Lauren's Eyes, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1242 NE 104 ST

Miami Shores, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A non-profit project to
unite the ocular community and provide prosthetic
eyes to people in need. Our space exists to support and
inspire those with artificial eyes and their families.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Self-
appointed at this time.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin Cahill - President Name and Title: _____

Address: 1242 NE 104 St. Address: _____

Miami Shores, FL 33138

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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MAY 9 2016
CLERK OF DISTRICT COURT
NORTH DAKOTA

16 MAY -9 AM 8:06

FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: The Friedman Law Firm, P.A.

Address: The Sanctuary Centre, 4800 N. Federal Highway, 100 D
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Robin Cahill

Address: 1242 NE 104th St

Miami Shores, FL 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

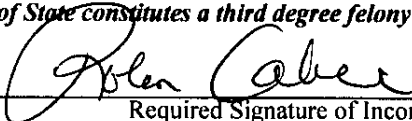


Required Signature of Registered Agent

4/25/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

Date