

PO7000048253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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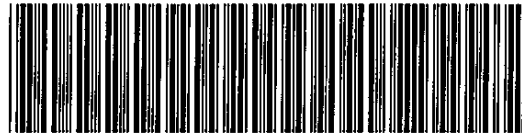
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/07--01032--020 **78.75

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07 APR 19 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: SUN COAST FAMILY EYECARE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: SUNCOAST FAMILY EYECARE
Name (Printed or typed)

24444 S.W. 54
Address

LUTZ, FL. 33559
City, State & Zip

813 - 949 - 7274
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2007

SUN COAST FAMILY EYE CARE
24444 S.R. 54
LUTZ, FL 33559

SUBJECT: SUN COAST FAMILY EYE CARE
Ref. Number: W07000016993

We have received your document for SUN COAST FAMILY EYE CARE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 107A00023393

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *SUNCOAST FAMILY EYECARE, INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*24444 S.R. 54
LUTL, FL 33559*

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*(S-CORP) provide
EYECARE TO PATIENTS*

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*DR KEVIN L. SMITH, D.O. (PRESIDENT)
24444 SR 54
LUTL, FL 33559*

*DR. DAVID F. SCAMANO, D.O. (V.P.)
24444 SR 54
LUTL, FL 33559*

ARTICLE VI REGISTERED AGENT

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

*Dr. Kevin Smith, D.O.
24444 SR 54
LUTL, FL 33559*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Dr. Kevin Smith, D.O.
24444 SR 54
LUTL, FL 33559*

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

[Signature]

Signature/Registered Agent

[Signature]

Signature/Incorporator

4/1/17

Date

4/1/17

Date