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DIVISION OF CORPORATIONS  
13 AUG 19 PM 1:24

8/20/13

## COVER LETTER

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

SUBJECT: Eye Care Associates of Central Florida, P.A.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

Already Paid

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Ashley Zak Kimble  
                    Name (Printed or typed)

P.O. Box 680614  
                    Address

Orlando, FL 32868  
                    City, State & Zip

(407) 258-8454  
                    Daytime Telephone number

ASHLEYZKIMBLE@gmail.com  
                    E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 18, 2013

ASHLEY ZAK KIMBLE  
POST OFFICE BOX 680614  
ORLANDO, FL 32868

SUBJECT: EYE CARE ASSOCIATES OF CENTRAL FLORIDA, P.A.  
Ref. Number: W13000040505

RECEIVED  
13 AUG 19 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for EYE CARE ASSOCIATES OF CENTRAL FLORIDA, P.A. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The specific business purpose of the professional association must be stated in the document.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 713A00017509

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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: Eye Care Associates of Central Florida, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1059 Lascaia Dr.  
Windermere, FL 34786

P.O. Box 680614  
Orlando, FL 32868

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide optometric  
services including eye exams, treatment of ocular  
disease and correction of refractive error.

**ARTICLE IV SHARES**

The number of shares of stock is: 25

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Ashley Z. Kimble, O.D.</u>	Name and Title: <u>Rajuan Brion Kimble</u>
Address <u>P.O. Box 680614</u>	Address: <u>1059 Lascaia Dr.</u>
<u>Orlando, FL 32868</u>	<u>Windermere, FL 34786</u>

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: Rajuan Brion Kimble  
Address: 1059 Lascala Dr.  
Windermere, FL 34786

**ARTICLE VII INCORPORATOR**

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


Name: Ashley Zak Kimble, O.D.  
Address: P.O. Box 680614  
Orlando, FL 32868

*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/Registered Agent

8/5/13  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

8/5/13  
Date

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