(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

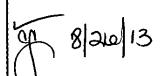
Office Use Only

630-691-W13000040505



600249464896

07/12/13--01002--004 \*\*87.50



## 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 origi	nal and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.00 Filing Fee Already	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop & Certificate Status PPY REQUIRES	of	
<u>_</u> F	Orlando, FL 3 City. 5 (407) 258-8	32868 State & Zip SUPPOSE SUP Elephone number		13 AUG 19 PM 1: 24	SECRETARY OF STATE DIVISION OF CORPORATIONS

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



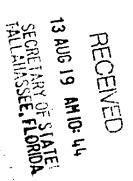
## FLORIDA DEPARTMENT OF STATE Division of Corporations

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



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.

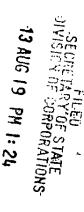
The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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



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

The name of the corporat	tion shall be: Eye Care 1	Associat	es of Central Flor	rida ,t
	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	•
1059 Lasc		_	Box 680614	
		<del></del>		_
winderme	re, FL 34786	<u> </u>	ando, FL 32868	<u> </u>
	<del></del>	<del></del>	······································	<del></del>
The purpose for which the	pose the corporation is organized is: To including eye exceptions	provide	optometric	_
services	including eye exc	ams, trea	atment of ocular	
disease an	id correction of	refractive	e error.	<del></del>
			. <b>3</b> Yisi	<del></del>
			3 AUG	
			<b>19</b>	
			PH CEU	
The number of shares of	RES 25			
			STATE ORATIO I: 24	
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	Ž.	
Name and Title	<u>: Ashley Z. Kimble, o</u>	.D. Name and Title	Rajuan Brion Kimb	<u>اح</u>
	P.O.Box 680614		1059 Lascala Dr.	
	Orlando, FL 32868		Windermere, FL3	34786
	,	<del></del>		<del></del>
		<del></del>		<del></del>
Name and Title:		Name and Title		_
Address		Address:		_
		<del>_</del>		_
N (20%)		N trent		
Name and Title:	<del></del>			
Address		Address:		_
	·	<u> </u>		<del></del>

Name and Title:_		Name and Title:
Address _		Address:
-		
	STERED AGENT reet address (P.O. Box NOT acceptable) of	the registered agent is:
Address: 105	g Lascala Dr.	
	ndermere, FL 3479	
	rporator	
The <u>name and address</u> of	-	. 5
Name:	sniey zak Rimble, C	ο. <i>Ο</i> ,
Address: $\underline{P}$ .	0. Box 680614	
0	shley Zak Kimble, C O. Box 680614 Irlando, FL 32868	
Having been named as re	gistered agent to accept service of process	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
-12	M	8/5/13
	Required Signature/Registered Agent	Date
I submit this document as document to the Departme	nd affirm that the facts stated herein are t ent of State constitutes a third degree felony	rue. I am aware that the false information submitted in a v as provided for in s.817.155, F.S.
	Required Signature/Incorporator	8 5 13  Date

SECRETAPY OF STATE
ORPORATIONS

13 AUG 19 PM 1: 24