

P/4000046857

(Requestor's Name)

(Address)

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(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



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05/05/14--01019--007 **78.75

FILED

14 MAY 29 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~W14~~
W14-28598

✓ 05/30/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

BONNIE M. CHALKER *** 2ND CORRECTION ***
225 COUNTRY CIRCLE DRIVE WEST
PORT ORANGE, FL 32128

SUBJECT: FAMILY EYE CARE OF PALM COAST, INC.
Ref. Number: W14000028598

RECEIVED
14 MAY 29 AM 10:34
TALLAHASSEE, FLORIDA

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

You failed to make the correction(s) requested in our previous letter.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00009677

[Faint, illegible text, likely a signature or stamp]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

BONNIE M. CHALKER
225 COUNTRY CIRCLE DRIVE WEST
PORT ORANGE, FL 32128

SUBJECT: FAMILY EYE CARE OF PALM COAST, INC.
Ref. Number: W14000028598

RECEIVED
14 MAY 15 PM 12:16
TALLAHASSEE, FLORIDA

We have received your document for FAMILY EYE CARE OF PALM COAST, INC. 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 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. ✓

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. ✓
<http://www.sunbiz.org/titledef.html>.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00009677

COVER LETTER

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

SUBJECT: FAMILY EYE CARE OF PALM COAST, INC
(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: BONNIE M CHALKER
Name (Printed or typed)

225 COUNTRY CIRCLE DRIVE WEST
Address

PORT ORANGE, FL 32128
City, State & Zip

386-453-8038
Daytime Telephone number

batesod@yahoo.com
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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: FAMILY EYE CARE OF PALM COAST, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4 OFFICE PARK DR. Suite 4
PALM COAST FL, 32137

Mailing address, if different is:

225 COUNTRY CIRCLE DRIVE West
PORT ORANGE, FL 32128

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Optometry Practice

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BONNIE CHALKER, O.D., ^{PRESIDENT} Name and Title: _____

Address 4 OFFICE PARK DRIVE Address: _____
Suite 4.
PALM COAST, FL 32137.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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14 MAY 29 PM 1:26
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TALLAHASSEE, FLORIDA

(conti.)

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: BONNIE M CHALKER.
Address: 4 OFFICE PARK DRIVE SUITE 4
PAUM COAST, FL 32137.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BONNIE M CHALKER
Address: 4 OFFICE PARK DRIVE SUITE 4.
PAUM COAST, FL 32137.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bonnie Chalker, op.
Required Signature/Registered Agent

5/1/14
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.

Bonnie Chalker, op.
Required Signature/Incorporator

5/1/14.
Date