P14000046857

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Office Use Only

W14-28598



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25/30/14



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



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

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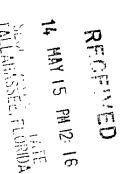
FLORIDA DEPARTMENT OF STATE Division of Corporations

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



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 titleinformation. \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:	AMILY EYE CARE (PROPOSED CORPORA)	of PALM COA	ST, INC	
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: BONNIE M CHALKER Name (Printed or typed)				
225 COUNTRY CIRCLE DRIVE WEST				
POET ORANGE FL 32128 City, State & Zip				
	386-453-8038			
Daytime Telephone number balesade 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 NAM The name of the corporat	E ion shall be: FAMILY i	EYE CARE OF PAL	M GAST, INC.
ARTICLE II PRIN		Mailing ad	dress, if different is: THY CIRCLE DRIVE WE, ANGE, FL 32128
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:(Optonetry Pract	hce
			TALLAHA
	IAL OFFICERS AND/OR DIRE	DAGGINEN	FILED MAY 29 PM 1: 20 RETAKY OF STATE AHASSEE, FLORIDA
Name and Title Address	BONNIE CHALKER, O. HOFFICE PARK DE Suite 4. PARM COAST, FL 3	Address:	- on
Name and Title: Address		Name and Title: Address:	
Name and Title: Address		Name and Title: Address:	

Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:			
Name: RONNIE M CHALKER				
Address: 4 Office PARK Dev	re Suite 4			
PALM COAST, Fr 32	u 37 ·			
ARTICLE VII INCORPORATOR	FILE MW 29 REINEY OF			
The <u>name and address</u> of the Incorporator is:				
Name: BONNIE M CHALL	KERL LORDE 2			
Name: BONNIE M CHALL Address: 4 Office Park De	REKL = = = = = = = = = = = = = = = = = = =			
PAZM COAST, Fr 32	2137			
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				
For Clube. op.	5/1/14			
Required Signature/Registered Agen	t 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.				
Ran Chala, 40	6/1/14.			
Required Signature/Incorporator	Date			