

P140000063759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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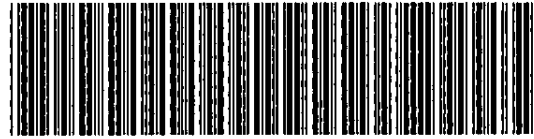
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 7/30

**COVER LETTER**

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

**SUBJECT: Kane Family Vision Center, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

**FROM: Scott L. Adkins, Esq.**

Name (Printed or typed)

**c/o Yeboah Law Group, P.A.**

Address

**401 E. Las Olas Blvd., #1400, Ft Laud, FL**

City, State & Zip

**33301      (954) 764-2338**

Daytime Telephone number

**sla@yeboahlawgroup.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: Kane Family Vision Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2053 Sarno Road

Melbourne, FL 32935

Mailing address, if different is:

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
ALTAIR ASSOCIATES, P.A.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide professional optometry services and related functions.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Dr. Jennifer Kane, OD

Address: Chairman, CEO

2053 Sarno Road

Melbourne, FL 33301

Name and Title: Daniel Kane

Address: Vice-President

2053 Sarno Road

Melbourne, FL 33301

Name and Title: Scott Benton Scurlock

Address: Director

2053 Sarno Road

Melbourne, FL 33301

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

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

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

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

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

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

(conti.)

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Scott L. Adkins, Esq.

Address: 401 E. Las Olas Blvd., #1400  
Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

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

Name: Yeboah Law Group, P.A.

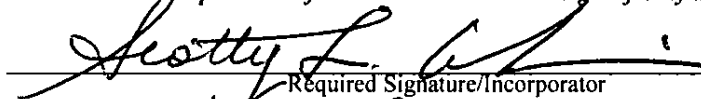
Address: 401 E. Las Olas Blvd. #1400  
Fort Lauderdale, FL 33301

*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

July 23, 2014  
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  
*for Yeboah Law Group, P.A.*

July 23, 2014  
Date