

P160000008655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

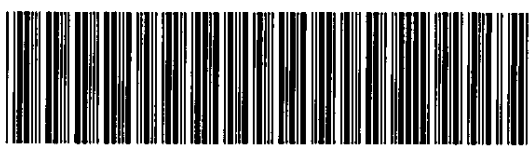
(Document Number)

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16 JAN - 8 PM 12:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 211

October 27, 2015

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

Re: Articles of Incorporation

To Whom It May Concern:

Please find attached application for Articles of Incorporation. I am the owner of Eye2Eye Optometry, Inc. Document Number P14000074914 and do not plan to renew / reinstate. Please issue the new Articles with the same requested name based on this information.

Sincerely

A handwritten signature in black ink, appearing to read "Lea Spears", with a stylized flourish at the end.

Lea Spears

Eye2Eye Optometry, Inc.

COVER LETTER

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

SUBJECT: EYE2EYE OPTOMETRY, 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: LEA SPEARS

Name (Printed or typed)

154 DELBERT LANE

Address

SANTA ROSA BEACH, FL 32459

City, State & Zip

850- 622-0929

Daytime Telephone number

lea.spre@hotmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2015

LEA SPEARS
154 DELBERT LANE
SANTA ROSA BEACH, FL 32459

SUBJECT: EYE2EYE OPTOMETRY, INC.
Ref. Number: W15000076500

We have received your document for EYE2EYE OPTOMETRY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 815A00024681

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: EYE2EYE OPTOMETRY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different from

154 DELBERT LANE

SANTA ROSA BEACH, FL 32459

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF PROVIDING OPTOMETRY SERVICES AND ANY INCIDENT THERETO.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEA SPEARS - PRESIDENT

Name and Title: _____

Address 154 DELBERT LANE

Address: _____

SANTA ROSA BEACH, FL 32459

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Lea Spears

Address: 154 Delbert Lane

Santa Rosa Beach, FL 32459

FILED
16 JAN -8 PM 12:34
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: LEA SPEARS

Address: 154 DELBERT LANE

SANTA ROSA BEACH, FL 32459

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/27/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lea Spears

Required Signature/Registered Agent

10/27/15

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.

Lea Spears

Required Signature/Incorporator

10/27/15

Date