

1/3/24, 9:33 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : PHELPS DUNBAR LLP
Account Number : 120210000064
Phone : (813)472-7555
Fax Number : (813)472-7570

[Handwritten signature]
1/14/24

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: evergladeseyecare@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Martinez Eye Care & Associates, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2024 JAN -3 PM 12:58

RECEIVED

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Martinez Eye Care & Associates, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2324 Pine Ridge Road

Naples, FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Optometry Services to patients

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emilio J. Martinez-Lezama / President Name and Title: _____

Address 4652 Siesta Circle

Address: _____

Fort Myers, FL 33901

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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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: C T Corporation
 Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

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

Name: Emilio J. Martinez-Lezama
 Address: 4652 Siesta Circle
Fort Myers, FL 33901

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

/s/ Donna Peterson, Assistant Secretary

12/29/23

 Required Signature/Registered Agent

 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.

Emilio J. Martinez-Lezama

Required Signature/Incorporator

12/29/2023

Date