

P96000019683

TRANSMITTAL LETTER

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

11111111111111111111
-02/20/96--01085--003
*****78.75 *****78.75

SUBJECT: Tropic Eye Care, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

Kevin S. Mann

Name (printed or typed)

236 LAPAZOMA RD.

Address

Key Largo, FL. 33037

City, State & Zip

305-451-4730

Daytime Telephone number

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL 32314

96 MAR -4 PM 2:23

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL 32314

74965671
W96-4053

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

G3 3/4/96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

FILED
96 MAR -4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 22, 1996

KENDALL S. MANN
236 LAPALOMA RD
KEY LARGO, FL 33037

SUBJECT: TROPICAL EYE CARE, INC.
Ref. Number: W96000004053

We have received your document for TROPICAL EYE CARE, 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 contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return 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 (904) 487-6931.

Garrett Blanton
Document Specialist

Letter Number: 496A00007803

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Tropical EyeCare, Incorporated.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be: 236 LaPaloma Rd. Key Largo, FL. 33037

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Kendall S. Mann 236 LaPaloma Rd. Key Largo, FL. 33037

ARTICLE V INCORPORATORS

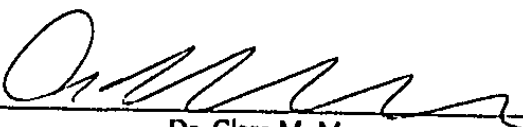
The names and street addresses of the incorporators to these Articles of Incorporation are:

1. Kendall S. Mann, President, Secretary, Director, 236 LaPaloma Rd. Key Largo, FL. 33037.

2. Dr. Clare M. Mann, Vice President, Treasurer, Director, 236 LaPaloma Rd. Key Largo, FL. 33037.
3. The purpose of this corporation is to provide quality eye care and all associated services at a competitive price to all persons in the South Florida area.

The Undersigned incorporators have executed these Articles of Incorporation this 12th day of February, 1996


Kendall S. Mann


Dr. Clare M. Mann

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


Kendall S. Mann, Registered Agent

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Requestor's Name

Tropical EyeCare, Inc.
236 La Paloma Rd
Key Largo, FL. 33037

100002273291--0
-08/21/97--01032--001
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
97 AUG 21 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

Florida Department of State, Sandra B. Mortham, Secretary of State

OFFICER / DIRECTOR RESIGNATION

FILED
97 AUG 21 PM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Kenneth S. Mann, hereby resign as President, Secretary
(Title)
of Tropical EyeCare, Inc.
(Name of Corporation)

a corporation organized under the laws of the State of Florida.

That the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314