P0000001016S

TRANSMITTAL LETTER

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

SUBJECT: PINNACLE EYE CENTER, 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 \$78.75 \$87.50 Filing Fee Certificate of Status \$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status
FROM: REGINE PAPPAS Name (Printed or Typed)
110 WINDWARD WAY Address
INDIAN HARBOUR BEACH, FL 32937 City, State & Zip
(321) 779-9916 Daytime Telephone number

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

04/31

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

PINNACLE EYE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

BUSINESS ADDRESS: 110 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937 MAILING ADDRESS:
P.O. BOX 372398
SATELLITE BEACH, FL 32937-2398

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at one time is:

10,000 SHARES (COMMON VOTING)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: REGINE PAPPAS 110 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937

Filing Fee: \$ 70.00

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

REGINE PAPPAS 110 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937

The undersigned incorporator(s) has(Incorporation this 2 O + C	have) executed th day of	ese Articles of Sunary, 2008	9 .
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Signature			n v Xiralin j i e
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NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: PINNACLE EYE CENTER, INC. (must include suffix)	·			
2.	The name and address of the registered agent and office is:	TALLAHAS	2 17.11.00		
	REGINE PAPPAS (Name)	SEE, FLO			
	110 WINDWARD WAY (P.O. Box or Mail Drop Box NOT Acceptable)	RHUA	<u>91</u>		
	INDIAN HARBOUR BEACH, FL 32937 (City/State/Zip)			•	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 1/20/2000 (Date)