PO 20001010004

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

700008131997---5 -10/01/02--01055--001 *****78.75 *****78.75

SUBJECT:	(PROPOSED CORPORAT	E NAME – MUST INCLU	DE SUFFIX)	
	,			
Enclosed are an origi	inal and one (1) copy of the artic	cles of incorporation and	a check for:	_
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	Says \$87.50 Filing Fee, Certified Copy & Certificate of Status	f
FROM: MICHELAIRE EMILE Name (Printed or typed)				
13501 NE 12 AV Address				
N.	MIAMI FL	33/6 / State & Zip		02 1211
	305 80 Daytime 1	elephone number		
				AN 8: 59
NOTE: Please provide the original and one copy of the articles.				

BM 1014

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:

BELLVision CENTER I MC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 13501 N. E 12 AVE North Milami Florida Zip 33161

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Eye Care Services

ARTICLE IV **SHARES**

The number of shares of stock is: 10.000 shares at .50cents a shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Michelaire Emile

13501 N.E 12th Ave North Miami Florida Zip 33161.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Michelaire Emile

13501 N.E 12th Ave North Miami Florida zip 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michelaire Emile

13501 N. E 12Ave North Miami Florida 33161

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

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