

P10000090483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

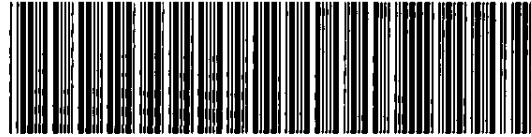
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600185248626

11/04/10--01011--013 **87.50

FILED
10 NOV -4 PM 3:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 1/1/2011

P1
MRD
11/8

COVER LETTER

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

SUBJECT: OWL VISION OPTICAL, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHER J. PEREZ

Name (Printed or typed)

7853 GUNN HWY SUITE # 178

Address

TAMPA, FL 33626

City, State & Zip

1-818-370-4818

Daytime Telephone number

JURREK@AOL.COM

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

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

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: **OWL VISION OPTICAL, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
7853 GUNN HWY
SUITE # 178
TAMPA, FL. 33626

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPTICAL STORE

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CHRISTOPHER J. PEREZ / PR.**
Address: **7853 GUNN HWY SUITE 178**
TAMPA, FL. 33626

Name and Title: _____
Address: _____

Name and Title: **GEORGE PIOTROWSKI / SEC.**
Address: **7853 GUNN HWY**
SUITE # 178
TAMPA, FL. 33626

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **CHRISTOPHER J. PEREZ**
Address: **7853 GUNN HWY SUITE 178**
TAMPA, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CHRISTOPHER J. PEREZ**
Address: **7853 GUNN HWY SUITE 178**
TAMPA, FL. 33626

ARTICLE VIII EFFECTIVE DATE: JANUARY 1, 2011

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

Required Signature/Registered Agent

Nov 1st 2010
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.

Required Signature/Incorporator

Nov 1st 2010
Date

FILED
10 NOV -4 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/2011