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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
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FLORIDA PROFIT/NON PROFIT CORPORATION
SOUTH FLORIDA VISION THERAPY INC

Certificate of Status	1
Certified Copy	0
Page Count	04
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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: NAME

The name of the corporation shall be:

SOUTH FLORIDA VISION THERAPY INC

ARTICLE II: PRINCIPAL OFFICE

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

**940 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166**

ARTICLE III: SHARES

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

1000 SHARES AT NO PAR VALUE

ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**CRISTY WITT
940 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166**

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ARTICLE V: INCORPORATORS

**CRISTY WITT
940 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166**

ARTICLE VI: OFFICERS/DIRECTORS

PRESIDENT:

**CRISTY WITT
940 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166**

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The undersigned incorporator (s) has (have) executed these Articles of Incorporation this:

12TH SEPTEMBER
____ day of _____, 2013

(An additional article must be added if an effective date is requested.)



Signature

**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.**

The name of the corporation is:

SOUTH FLORIDA VISION THERAPY INC

The name and address of the registered agent and office is:

CRISTY WITT

(NAME)

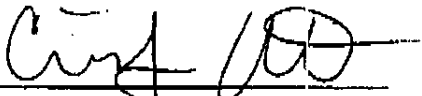
940 WESTWARD DRIVE

(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)

MIAMI SPRINGS, FL 33166

(CITY, STATE, ZIP)

*Having been named as registered agent and 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)

SEPTEMBER 12TH, 2013

(DATE)

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