

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000176977 3)))



H150001769773ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

		To:			ਤੀ
\sim			Division of Corporations	·····	Ē
			Fax Number : (850)617-6381	에너는 가지 이번 가지 않는 것이 있다.	Ē
	:			linere en kartr di	\sim
Water	;	From:			
<u>C1</u>			Account Name : EXPRESS CORPORATE FILING SERVICE	INC	110
<u> </u>	:		Account Number : I2000000146		1
		1	Phone : (305)444-4994	Contraction of the second s	ڢ
<u>ل</u>		:	Fax Number : (305)444-4977		
	:			150 (17)	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION EYE CARE FOR KIDS FOUNDATION INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

/21/2015/TUE 01:59 PM 🍙 🗠	FAX No.	🔹 🔹 P. 002
	RTICLES OF INCORPORATION npliance with Chapter 617, F.S., (Not for Profit)	gran a gran gran
ARTICLE I NAME The name of the corporation shall be:	RE FOR KIDS FOUNDATION INC	15 JUL 21 AM 9: 37
ARTICLE II PRINCIPAL OFFICE	<i>p</i>	SECRETARY OF STATE NLAHASSEE, FLEMMA
Principal <u>street</u> address: 2141 SW 1ST STREET	Mailing add	ress, if different is:
SUITE 107		
MIAMI, FL 33135		
UNFORTUNATE RECEIVED OPHTALMO		
······································		
ARTICLE IV MANNER OF ELECTION	_The manner in which the directors are elected and	appointed:
		l appointed:
ARTICLE V INITIAL OFFICERS AND/C	DR DIRECTORS	арроіліса:
ARTICLE VINITIAL OFFICERS AND/C		арроіліса:

..

MIAMI, FL 33135 . Name and Title: _____ Name and Title; 2141 SW 1ST STREET Address Address: SUITE 107 MIAMI, FL 33135 Name and Title: MARIA L. TESTA (V/P) Name and Title: 2141 SW 1ST STREET Address _ Address: SUITE 107 MIAMI, FL 33135

Address		Address:	
Name and Title: Address Address The <u>name and Florid</u> Name: Address; Address; The <u>name and address</u> Name:	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	Name and Title Address:	
Address	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	Name and Title Address:	
Address	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	Name and Title Address: 	
ARTICLE VI RE The <u>name and Florid</u> Name: Address; Address; <u>ARTICLE VII IN</u> The <u>name and addre</u> Name:	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	ptable) of the registered agent i	
ARTICLE VI RE The <u>name and Florid</u> Name: Address; Address; <u>ARTICLE VII IN</u> The <u>name and addre</u> Name:	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	ptable) of the registered agent i	
ARTICLE VI RE The <u>name and Florid</u> Name: Address; <u>ARTICLE VII IN</u> The <u>name and addre</u> Name:	<u>GISTERED AGENT</u> la street address (P.O. Box NOT accep OMAR BENITEZ 2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	ptable) of the registered agent i	
Address; <u>ARTICLE VII</u> IN The <u>name and addre</u> Name:	2141 SW 1ST STREET SUITE MIAMI, FL 33135 CORPORATOR	107	
Address: <u>ARTICLE VII</u> IN The <u>name and addre</u> Name:	MIAMI, FL 33135	107	
<u>ARTICLE VII</u> IN The <u>name and addre</u> Name:	CORPORATOR		
The <u>name and addre</u> Name:			
194116.	-		
·	OMAR BENITEZ		
Address:	2141 SW 1ST STREET SUITE	107	
	MIAMI, FL 33135		
ARTICLE VIII EF Effective date, if othe (If an effective date after the filing.)	r than the date of filing:	(OPTIC d cannot be more than five l	ONAL) business days prior or 90 business days
	erted in this block does not meet the ap date on the Department of State's reco		rements, this date will not be listed as the
Hoving bea corfificata,	n named as registered agent to eccept ser and fainlikar with and accept the appointme	view of process for the above state ent as degistered agent and agree t	
	Carry	3	-2100/00/15-
I submit thi to the Depa	Required Signature of Ressir s document and affirm that the facto stated rement of State constitutes a stard degree fet	herein are true. I am aware that a	Date Date false information submitted in a document

- .

1