

TRANSMITTAL LETTER

P000000010600

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

200003110682--4
-01/26/00--01024--001
*****70.00 *****70.00

SUBJECT:

Apple Eye Core 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
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:

Mordecai BUDNER
Name (Printed or typed)

17682 Seaholm Dr
Address

Boca Raton FL 33498
City, State & Zip

561 482-3499
Daytime Telephone number

S. Thompson FEB 01 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Apple Eye Care Inc

00 JAN 26 AM 8:24
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 40 BURNER & ASSOC
17682 SEALAKE DR
BOCA RATON FL 33493

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mordecai Burner
17682 SEALAKE DR
BOCA RATON FL 33493

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAVID CARTER
9101 LAKEWIDGE BLVD
BOCA RATON FL 33496

David Carter

Signature/Incorporator

1/04/00

Date

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

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]
Signature/Registered Agent

1/4/00

Date

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Boca Raton FL 33498

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David Carter
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Boca Raton FL 33496

David Carter

Signature/Incorporator

1/04/00

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[Signature]
Signature/Registered Agent

1/4/00

Date