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SECRETARY OF STATE TALLAHASSFE, FLORIDA

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

SUBJECT:	YOUR EYES (Proposed corpor	ate name - must include suff	.0000213:	-01076002
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	D\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Section 1975.50  Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: Urndell Name (Pr	C.S.L.O.E.		·
	3215 S.LA	CEVIEW CIR	Unit #101	. ** * <del>**</del>
	FT PIERCE City,	FC 349C	19	
	· ·			

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

Daytime Telephone number

## 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.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA
FLORIDA

ARTICLE I	NAME

The name of the corporation shall be:

YOUR EYES ONLY IMC.

ARTICLE	II	PRINCIPAL	0	FF	ICE

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

3215 S. LAKEVIEW CIRCLE UNIT #101 FT PIERCE, FC 34949

## 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:
11)9000911 C SLOOP """	
3215 S. LAKEVIEW CIRCLE	Unit # 101
FT. PIERCE, FL 34949	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to the	se Articles of Incorporation are:
Wendell C. Slone and	. =
3215 S. LAKEVEW CIRCLE	Unit #101
FT. PIERCE, FL 34949	
Wandell & 2	2/10/00
Signature/Incorporator	/ / Date
Clony L. Helle	2/10/00
<u> </u>	

(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/Registered Agent

Date