

P00000057489

TRANSMIT LETTER

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

SUBJECT: Vivianne Optical Care, Inc.

(Proposed Corporate Name - Must Include Suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

<u> \$70.00 </u>	<u> \$78.75 </u>	<u> X \$78.75 </u>	<u> \$87.50 </u>
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, & Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM:

Vivianne Optical Care, Inc.
192 E. 14th St.
Hialeach, FL. 33010

200003278512-1
-06/06/00-01079-012
*****78.75 *****78.75

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

FILED
00 JUN -6 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JUN 14 2000

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:

Vivianne Optical Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

192 E. 14th St.
Hialeah, Fl. 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is : TEN THOUSAND (10,000) SHARES OF COMMON STOCK, EACH SHARE HAVING THE PAR VALUE OF ONE DOLLAR (\$1.00).

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es)

VIVIAN L. OVIEDO. PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is :

BankCredit Cards, Inc.

Antonio Diaz.Pres.

129 NW 13th St. Suite D17

Boca Raton, Fl. 33432

Phone:561-338-4088

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is :

BankCredit Cards, Inc.

Antonio Diaz.Pres.

129 NW 13th St. Suite D17

Boca Raton, Fl. 33432

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.


Signature/Registered Agent Antonio Diaz.Pres.

6-5-00
Date


Signature/Incorporarator Antonio Diaz.Pres.

6-5-00
Date

FILED
00 JUN -6 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA