

P000000079941

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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.

(((H00000044439 8)))

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

To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003253
Phone : (305) 541-3694
Fax Number : (305) 541-3770

FLORIDA PROFIT CORPORATION OR P.A.

HEQUIC-LENS & INSTRUMENTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 23 AM 9:09

B. McKnight AUG 24 2000

(4)
H00000044439

ARTICLES OF INCORPORATION
OF

HEQUIC-LENS & INSTRUMENTS, INC.

These Articles are in compliance with Chapter 607, F.S.

Article I

The name of this corporation shall be:

HEQUIC-LENS & INSTRUMENTS, INC.

Article II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

Article III

The principal place of business and mailing address of this corporation shall be: 750 N 72 AVENUE
HOLLYWOOD, FL 33024

Article IV

The general nature of business of this corporation is to transact any and all lawful business.

Article V

The number of shares which this corporation shall have authority to issue are 1,000 shares of common stock having an individual par value of \$1.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

PREPARED BY: RAY STORMONT, EMPIRE CORPORATE KIT COMPANY,
1492 WEST FLAGLER STREET, #200, MIAMI, FL 33135, (305) 541-3694

H00000044439

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 23 AM 9:09

H000000044439

Article VI

The name and street address of the initial Registered Agent of this corporation shall be: FERNANDO SILVA
16300 NE 19 AVE. SUITE 100
N. MIAMI BEACH, FL 33162

Article VII


The initial board of Directors shall consist of a total of 4 person(s) and the name and address of the person(s) who are to serve as an initial director(s):

HECTOR QUIQUE PRES./DIR.	750 N 72 AVENUE HOLLYWOOD, FL 33024
AHIKA BALLEEN V.P./DIR.	750 N 72 AVENUE HOLLYWOOD, FL 33024
MANUEL QUIQUE SEC./DIR.	750 N 72 AVENUE HOLLYWOOD, FL 33024
AHIKA QUIQUE TREAS./DIR.	750 N 72 AVENUE HOLLYWOOD, FL 33024

The name and address of the incorporator executing these Articles of Incorporation is:

EMPIRE CORPORATE KIT OF AMERICA, INC.
1492 WEST FLAGLER STREET #200
MIAMI, FL 33135

The undersigned has executed these Articles of Incorporation this 23rd day of AUGUST, 2000.



Incorporator
Ray Stormont, President
Signing for
Empire Corporate Kit of America, Inc.

H000000044439

H00000044439

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of section 607/0502, 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.

First that HEQUIC-LENS & INSTRUMENTS, INC.
(Name of Corporation)
desiring to organize under the laws of the State of FLORIDA

with its principal office, as indicated in the articles of incorporation has named
FERNANDO SILVA
(Name of Registered Agent)

located at 16300 NE 19 AVENUE SUITE 100

City of North Miami Beach County of DADE State of Florida

as its agent to accept service of process within this state.

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

H00000044439

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 23 AM 9:09