## PO 1 00000 8721

Department of State Division of Corporations 200003563622-P. O. Box 6327 -01/22/01--01137--008 Tallahassee, FL 32314 \*\*\*\*87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **□**\$78.75 **⊠** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

/800 WARRINGWOOD DR.
Address

OPLANDO FL. 32839

City, State & Zip

(407) 3/6~0226

Daytime Telephone number

F. OHESGER JAN 2 4 2000

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

## ARTICLES OF INCORPORATION

Signature/Incorporator

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

The name of the corporation shall be:	50		٠
MEM OFTICAL LAB., ING.	HASS	JAN 22	7
ADTICLE IL DEDICTE AL OPTION	TARY OF STATE	VA 10: 02	
ARTICLE II PRINCIPAL OFFICE	<u>Q</u>	$\overline{\bigcirc}$	
The principal place of business and mailing address of this corporation shall be:	쑴플	$\circ$	
MEM OPTICAL LAB., INC.	≯'''	្សា	
1806 WARRINGWOOD DR ORLANDO FL. 32839			
ARTICLE III SHARES			
The number of shares of stock that this corporation is authorized to have outstanding at any or	- 		
100 SHARES ATSIMOS	ie time is	5:	
MARIO R. MEREN. 100 SHARES	-		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	ı		
The name and Florida street address of the initial registered agent are:			
MARIO R- MOLENO			
1806 WARRINGWOOD PR. OPLANDO FT 32839			
ARTICLE V INCORPORATOR			
The name and address of the incorporator to these Articles of Incorporation are:			
MARIO R. MOFENO			
1806 WARRINGWOOD DR- ORLANDO FL. 32839			
Nowe R. None 01/16/01			
0//16/01			

(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

Mane R. Mour 01/16/01
Signature/Registered Agent Date