# P0100006857/ FILED

01 JUL -9 AM 9: 51

SECRETARY OF STATI

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

Shurway Medical & Vision Inc.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75\_\_\_\_\_.

FROM:

SUBJECT:

Merwin Alexander

Name

13836 Whispering Lakes Lane

Address

Palm Beach Gardens, FL 33418

City, State & Zip

(561) 863-5342

Telephone Number

600004464086--4 -07/09/01--01051--010 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Note: Additional copy of articles is needed only when certified copy is requested.

41

2 .:

FILED

#### ARTICLES OF INCORPORATION

01 JUL -9 AM 9:54

Shurway Medical & Vision Inc.

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

# ARTICLE 1 NAME

The name of the corporation shall be:

Shurway Medical & Vision Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

13836 Whispering Lakes Lane
Palm Beach Gardens, FL 33418

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10000 \_

shares of Common Stock each having a par value of one (1) dollar per share. Authorized Capital stock may be paid for in cash, services, or property, at a just value.

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

John Roney 962 Northlake Blvd. # 212 Lake Park, FL 33403

#### INCORPORATOR(5) ARTICLE V

The name(s) and street address(s) tof, the incorporator(s) to Articles of Incorporation is(are):

> Merwin Alexander Name Address 13836 Whispering Lakes Lane City State & Zip Palm Beach Gardens, FL 33418

# CAPITAL CONTRIBUTION

The amount of Capital with which this corporation shall begin business is one hundred dollars (\$100.00) cash.

#### ARTICLE VII DURATION

This corporation shall exist perpetually.

### ARTICLE VIII PURPOSE

This corporation is organized for the purpose of any and all lawful businesses for which corporations may be incorporated under the Florida General Corporation Act.

#### ARTICLE IX INDEMNIFICATION

This corporation shall indemnify any officer or any former officer to the full extent permitted by law.

This corporation reserves the right to amend or repeal any provision contained in the Articles of Incorporation, and any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

The undersigned has(have) executed these Articles of Incorporation this  $\frac{1st}{1}$  day of  $\frac{July}{1}$ 

Signature/Title Merwin Alexandee President/ Sec.

Signature/Title

Signature/Title

### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

1.	The name	of the corporation is: Shurway Medical & Vision	on Inc.		·
2.	The name	and address of the regi	stered agent and	office is:	**** . <del></del>
	·	John Roney		5 S	_
		962 Northlake Blvd., #2	₹ <u>}</u>	CRET	
		(P.O. BOX NOT	ACCEPTABLE)	25.55	
	•	Lake Park, FL-33403	,	TO E	
	* <del></del>	(CITY/ST	ATE/ZIP)		<b></b>
	All metroses in the con-	SIGNATURE	Mewn Of Corporate offy	Janker Janker	
	<b></b>	TITLE	<u>President/Sec</u>		· ·
	† †	DATE	7-1-2001	,	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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

DATE John Roney 7

REGISTERED AGENT FILING FEE: \$35.00