

TRANSMITTAL LETTER

Pol000078565

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

SUBJECT: Actual-Eyes, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Lakara Foster
Name (Printed or typed)

2713 Cypress Lake Rd.
Address

Tallahassee, FL 32310
City, State & Zip

(850) 575-3043
Daytime Telephone number

NOT RE-
TO ACHNO-
SUFFICIENCY
OF \$1.00

2001 AUG -9 PM 4:35

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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-08/10/01 0100-019

*****78.75 *****78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG -9 PM 4:41

APPROVED
AND
FILED

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

8/8/9

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:

Actual-Eyes, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2713 Cypress Lake Rd.
Tallahassee, Fl. 32310

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

Motivational Speaking Company

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lakara E. Foster President
2713 Cypress Lake Rd.
Tallahassee, Fl. 32310

ARTICLE VI REGISTERED AGENT

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

Lakara Foster
2713 Cypress Lake Rd.
Tallahassee, Fl. 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lakara Foster
2713 Cypress Lake Rd.
Tallahassee, Fl. 32310

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED