

*P02000004867*  
**TRANSMITTAL LETTER**

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

**FILED**  
02 JAN 10 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200004764592--2  
-01/10/02--01028--016  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** Eye Needs 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    ☒ \$78.75    ☐ \$122.50    ☐ \$131.25

**FROM:** Eye Needs Inc.  
Name (printed or typed)  
1605 SW Silver Pine Way #G2  
Address  
Palm City Fl. 34990  
City, State & Zip  
(561) 221-7692  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
**OF**

Eye Needs Inc.

*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 I NAME**

The name of the corporation shall be: Eye Needs Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1605 SW Silver Pine Way #G2  
Palm City Fl. 34990

**ARTICLE III SHARES**

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

100 Shares

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Evelyn Singer  
1605 SW Silver Pine Way  
Palm City Fl. 34990 #G2

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**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

Evelyn Singer  
1605 SW Silver Pine Way #G2  
Palm City Fl. 34990

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of January, 2002.

*Evelyn Singer*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 & 617.0501, 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: Eye Needs Inc.

2. The name and address of the registered agent and office is:

Evelyn Singer

(Name)

1605 SW Silver Pine Way #G2

(P.O. Box not acceptable)

Palm City Fl. 34990

(City/State/Zip)

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.

Evelyn Singer  
(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL