Pod 0 0 0 0 3 8 9 4 5

(Proposed corporate name - must include suffix)

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

000005189380--8 -04/03/02--01044--004 *****78.75 ******78.75

Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	& Certificate of Status	
FROM:	KENNETH J. SHEA APR TO Name (Printed or typed)			
PO BX 1301 Address PROVIDENCE, R.J. 02907 City, State & Zip 401-353-0119				
401-353-0119 Daytime Telephone number				

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

84/10

ARTICLES OF INCORPORATION

 ${\it The under signed incorporator, for the purpose of forming a corporation under the Florida}$ Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be: EURO EYES EYEWEAR, INC. TO
AFTAR -3
SSA 3 L
ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 258/ Village Band 15/105
- · · · · · · · · · · · · · · · · · · ·
WEST PALM BEACH, FL 33409
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 NO PAR COMMON
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
BARBARA M SHEA
2581 VILLAGE BLVD 15/105 WEST PALM BEACH FC 33409 ARTICLE V INCORPORATOR
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
KENNETH J. SHEA
25 FI VICCAJE BLUD 15/105 WEST PALM BEACH, FL 33409
WEST PALM BLACK FL 33409
Kenneth Ma
Signature/Incorporator 3/29/02 Date
KENNETH J. SheA
property of office
(An additional article must be added if an affective data is requested.)

Having been named as registered agent and to accept service of pro-	ocess for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered agent as	nd agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and complete p	erformance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	•
obligations of my position as registered agent	3/29/02
Unitary in Ollen	5 / 29 / 20

Date

Signature/Registered Agent BARBARA M. SHEA