

FD 000056960

TRANSMITTAL LETTER

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

**SUBJECT: JOANNE KUNDL, OD, PA - II.**  
(Proposed corporate name - must include suffix)

06/01/02

Enclosed is an original and (1) one copy of the Articles of Incorporation and a check for \$78.75

**FROM: GELBER AND COMPANY**

600005597106--7  
-05/22/02--01028--010  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Name

11450 INTERCHANGE CIRCLE NORTH

Address

MIRAMAR, FL 33025

City, State & Zip

(954) 435-4222

Daytime Telephone number

02 MAY 22 PM 1:29  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

3  
MAY 22 2002

## ARTICLES OF INCORPORATION

*The undersigned 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:

JOANNE KUNDL, OD, PA - II

The principal activity of this P.A. is Optometry.

### ARTICLE II - PRINCIPAL OFFICE

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

10521 NORTH KENDALL DRIVE, SUITE E-103  
MIAMI, FL 33176

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOANNE KUNDL  
10521 NORTH KENDALL DRIVE, SUITE E-103  
MIAMI, FL 33176

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

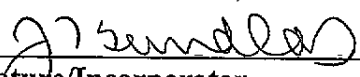
JOANNE KUNDL  
10521 NORTH KENDALL DRIVE, SUITE E-103  
MIAMI, FL 33176

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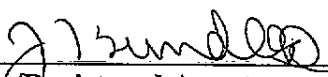
ARTICLE VI      EFFECTIVE DATE

The effective date of this corporation shall be: **JUNE 1, 2002**

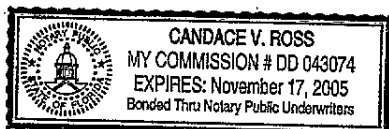
  
Signature/Incorporator

5/15/02  
Date

*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.*

  
Signature/Registered Agent

5/15/02  
Date



IN WITNESS WHEREOF,  
I have signed by name and affixed  
my official notary seal this  
15 day of May, 2002  
Candace V. Ross  
Notary Public

02 MAY 22 PM :29  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS