

POH000098475

Date: 09/04/2002

Secretary of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: In-Sight Eyecare, Inc.

300007598263--4  
-09/09/02--01057--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Joseph Enzor

In-Sight Eyecare, Inc.  
3150 Tampa Rd., Suite 5  
Oldsmar, FL 34677  
(727) 781-8099

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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RECEIVED: SEP 12 2002

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**ARTICLES OF INCORPORATION**  
**Of**  
**IN-SIGHT EYECARE, INC.**

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is: IN-SIGHT EYECARE, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in eyecare products and services permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The principal office, if known, or the mailing address of the corporation is:

NAME: In-Sight Eyecare, Inc.		
ADDRESS: 3150 Tampa Rd., Suite 5		
CITY: Oldsmar,	FLORIDA	ZIP: 34677

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: Joseph Enzor		
ADDRESS: 1751 Needles Lane West		
CITY: Largo,	FLORIDA	ZIP: 33771

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Joseph Enzor		
ADDRESS: 1751 Needles Lane West		
CITY: Largo,	FLORIDA	ZIP: 33771
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

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## ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: Joseph Enzor		
ADDRESS: 1751 Needles Lane West		
CITY: Largo,	FLORIDA	ZIP: 33771
NAME:		
ADDRESS:		
CITY:	FLORIDA	ZIP:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4th day of September, 2002.

\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)  
\_\_\_\_\_(Seal)

State of Florida )  
County of Pinellas ) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

Joseph A. Enzor  
Signature

FL 02 ES26-481-64-002-0  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that me executed these Articles of Incorporation, that I relied upon the form 02 of identification of the above named person as indicated opposite each name, and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 4th day of SEPTEMBER, 2002

David W. Ormiston  
Notary Signature



David W Ormiston  
My Commission CC884137  
Expires October 31, 2003

DAVID W. ORMISTON  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

*CERTIFICATE OF REGISTERED AGENT OF*

IN-SIGHT EYECARE, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation at **3150 Tampa Rd.,  
Suite 5, Oldsmar, FL 34677** has named **Joseph Enzor** located at the aforesaid address,  
as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with the provisions of Florida Law in keeping open said office.

X Joseph A. Enzor  
(Registered agent)

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