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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 2002 OCT -8 MM 9-14

FLORIDA PROFIT CORPORATION OR P.A.

OPTOMETRIC SERVICES, INC.

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\$78.75

10-89-02-10/8/02 4:25 PM H02000209732 5

ARTICLES OF INCORPORATION OF

OPTOMETRIC SERVICES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

OPTOMETRIC SERVICES, INC.

The principal place of business of this corporation shall be:

10751 CROOKED RIVER RD., #202 BONITA SPRINGS, FL 34135

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of stocks and its value that this corporation is authorized to have outstanding at one time is: 1000 shares, \$1.00 par

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Dr. Richard Kattouf 10751 Crooked River Rd., #202 Bonita Springs, FL 34135

Jacqueline L. Kattouf 10751 Crooked River Rd., #202 Bonita Springs, FL 34135

Prepared By: Comprehensive Business Solutions 606 Bald Eagle Drive, Suite 601 Marco Island, FL 34145 (941) 389-9555 T IT

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Jacqueline L. Kattouf 10751 Crooked River Rd., #202 Bonita Springs, FL 34135

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 3rd of October, 2002

Signature of Incorporator(s)

- - want 0

Witness

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered of-fice/registered agent, in the State of Florida.

1. The name of the corporation:

Optometric Services, Inc.

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

Jacqueline L. Kattouf 10751 Crooked River Rd., #202 Bonita Springs, FL 34135

SIGNATURE AZQUIAN MANA (10/7/0)

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACI IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUES

DATE