

PO200012744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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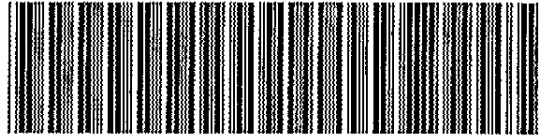
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**DARPAN SHARMA
2518 S W 159 AVENUE
MIRAMAR, FL 33027-4283**

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

RE: EYES ON PINES, INC..

Enclosed is a check for \$ 78.75 and two copies of the articles of incorporation for
EYES ON PINES, INC..

Please return a certified copy to the registered agent of the corporation:

**DARPAN SHARMA
2518 S W 159 AVENUE
MIRAMAR, FL 33027-4283**

Thank you for your attention to this request.

Sincerely,



ARTICLES OF INCORPORATION

OF

EYES ON PINES, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EYES ON PINES, INC.,

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ARTICLE II PRINCIPAL OFFICE

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

**2518 S W 159 AVENUE
MIRAMAR, FL 33027-4283**

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

**DARPAN SHARMA
2518 S W 159 AVENUE
MIRAMAR, FL 33027-4283**


ARTICLE V INCORPORATORS

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

DARPAN SHARMA
2518 S W 159 AVENUE
MIRAMAR, FL 33027-4283

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TALLAHASSEE, FLORIDA

The undersigned have executed these Articles of Incorporation this 25 Day of November, 2002



Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT



Signature

11/25/02

Date