

PO30000 17542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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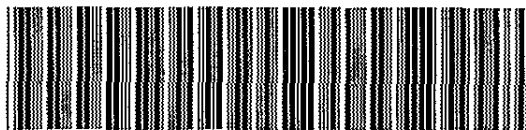
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 FEB 10 PM 4:23
DIVISION OF REVENUE

SMITH FEB 10 2003

TRANSMITTAL LETTER

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

SUBJECT: Davis Vision Insight, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dr. Jeanmarie Davis
Name (Printed or typed)

15458 NW 77 Court
Address

Miami Lakes, FL 33016
City, State & Zip

(305) 826-2120
Daytime Telephone number

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS

03 FEB 10 PM 4:23

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Davis Vision Insight, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15458 NW 77 Court, Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Eye care clinic and optical

ARTICLE IV SHARES

The number of shares of stock is:

100 (Jeanmarie Davis 51, Armando Lopez&Jim Oramas 49)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Dr. Jeanmarie Davis, President, Clinical Director, 15458 NW 77 Ct, Miami Lakes, FL 33016

Armando Lopez, Vice Pres., Ophthalmic Consultant, 15458 NW 77 Ct, Miami Lakes, FL 33016

Jim Oramas, Vice Pres., Optician, 15458 NW 77 Ct, Miami Lakes, FL 33016

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Dr. Jeanmarie Davis

15458 NW 77 Ct, Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Jeanmarie Davis

15458 NW 77Ct, Miami Lakes, FL 33016

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

2/5/03
Date

Signature/Incorporator

2/5/03
Date