

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Visloneering Optical Supply Inc.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Visioneering Optical Supply Inc.

ARTICLE II PRINCIPAL OFFICE

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

Visioneering Optical Supply Inc.

585-2 Bicycle Path

Port Jefferson Station, NY 11776

ARTICLE III SHARES

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

1,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tommy Z. Cuevas

473 Carriagehouse Lane

Tarpon Springs, FL 34688

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Joseph Ialacci - President
585-4 Bicycle Path
Port Jefferson Station, NY 11776

Daryl Squicciarini - Vice President
585-4 Bicycle Path
Port Jefferson Station, NY 11776

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joseph Ialacci
585-4 Bicycle Path
Port Jefferson Station, NY 11776

Daryl Squicciarini
585-4 Bicycle Path
Port Jefferson Station, NY 11776

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14th day of March 2003.


Joseph Ialacci - Signature


Daryl Squicciarini - Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Visloneering Optical Supply Inc.

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

Tommy Z. Cuevas

Name

473 Carriagehouse Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

Tarpon Springs, FL 34688

(City / State / Zip)

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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Tommy Z. Cuevas

Tommy Z. Cuevas
SIGNATURE

March 14, 2003

(Date)

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