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# TRANSMITTAL LETTER

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

SUBJECT:Eye	e-Op, Inc.			
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Si \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Constance Jackson Sado			
	Name	(Printed or typed)		
	1102 A Duval Street			
		Address	****	
	Key West, FL 33040			
•	City, State & Zip			
	305-292-7909			
•	Daytime '	Telephone number	<u> </u>	

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

# 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:

Eye-Op, Inc.

## ARTICLE II \_\_\_PRINCIPAL OFFICE

The principal place of business/mailing address is:

1102 A Duval Street Key West, FL 33040

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail optical goods optician

## ARTICLE IV SHARES

The number of shares of stock is: 100

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): Constance J. Saddler, president 1102 A Duval Street Key West, FL 33040

# ARTICLE VI REGISTERED AGENT

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

Constance J. Saddler 1102 A Duval Street Key West, FL 33040

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Constance J. Saddler 1102 A Duval Street Key West, FL 33040

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			
Constance O. Saddly	5/6/03		
Signature/Registered Agent Constance I. Saddler	Date		
Constance Q. Saddh	5/6/03		
Signature/Incorporator Constance J. Saddlez	Date		

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