

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575-0875 Phone Fax Number : (302)575-0925

## FLORIDA PROFIT CORPORATION OR P.A.

Clear Vision Eyecare, Inc.

D. WHITE MAY & Z ZUUS

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SECRETARY OF STATE SALLAHASSEE FLORIDA

## ARTICLES OF INCORPORATION OF Clear Vision Eyecare, Inc.

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

ARTICLE 1	NAME	
The name of the co	orporation shall be: Clear Vision E	yecare, Inc.
ARTICLE II	PRINCIPAL OFFICE	
The principal place	of business/mailing address is:	: 8751 West Broward Blvd.,
Suite 300, Fort Lau	iderdale, FL 33324	
	PURPOSE	
The purpose for wh	nich the corporation is organized i	s to engage in any lawful act
or activity for which	h corporations may be organized	under the Florida Business
Corporations Act of	f the State of Florida.	
ARTICLE IV _	SHARES	
The number of sh	nares of stock authorized to iss	ue 1,500 shares of no par
common voting sto		•
ARTICLE V	REGISTERED AGENT	
The name and Flor	ida street address of the registere	ed agent is Agents and
Corporations, Inc.,	Suite E, 773 4th Avenue North, Na	aples, Florida 34102.
ARTICLE VI	INCORPORATOR	
The name and add	ress of the incorporator is: David	N. Williams, Esq., Suite E.
773 4 <sup>th</sup> Avenue Nor	th, Naples, Florida 34102.	, ,,==,
	<del>*************************************</del>	
Having been named as re	gistered agent to accept service of process tertificate, I am familiar with and accept appoi	for the above stated corporation at the
to act in this capacity	ermodie, i am iaminai willi and accept appoi	maneur se regiziered agent and agree
$\bigcirc$	`	n (
Shirt	of hellows	5/23/03
Signature/Registere	ed Agent	Date
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$\bigcirc$		
Library	2 a Juan	5/23/03
Signature/Incorpora	ator	Date