

PD30000080031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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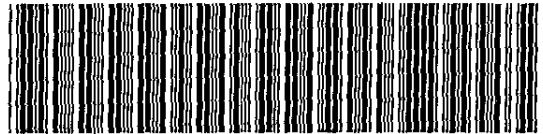
(Business Entity Name)

(Document Number)

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06/24/03--01023--003 **78.75

03 JUL 22 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W03-1910
KLD
7/27

TRANSMITTAL LETTER

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

SUBJECT:

N Vision, Inc.

(Proposed corporate name - must include suffix)

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

☐ \$70.00

Filing Fee

☒ \$78.75

Filing Fee
& Certificate

☐ \$122.50

Filing Fee
& Certified Copy

☐ \$131.25

Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Juno Alcime

Name (Printed or typed)

551 N.W. 42nd # 211

Address

Pompano Beach, FL 33068

City, State & Zip

954-366-1944

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 7, 2003

JUNO ALCIME
551 N.W. 42ND CT., #211
POMPANO BEACH, FL 33068

SUBJECT: NVISION, INC.
Ref. Number: W03000019169

We have received your document for NVISION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

I am also enclosing the attached Amendments for they are not needed for the filing process.

If you have any further questions concerning your document, please call (850) 245-6924.

Stacy Prather
Document Specialist Supervisor
New Filings Section

Letter Number: 603A00040201

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ARTICLES OF INCORPORATION

03 JUL 22 AM 10:58

1. The name of the corporation shall be: NYS Vision ~~VISION, INC.~~ SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2. The principal place of business and mailing address of the corporation is: 6267 FAIRGREEN Rd WEST PALM BEACH, FL 33417.
3. The corporation shall have the authority to issue 1 million shares of stock.
4. The registered agent of the corporation is WIKENSON Legulus and the registered street address is 6267 FAIRGREEN Rd WEST PALM Bch, FL, Florida 33417.
5. The initial Board of Directors shall have 4 member(s) whose name(s) and address(es) is/are as follows: SEE ATTACHMENT

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Juno Alcime whose street address is 551 N.W. 42nd #211

Dated 5/31/03

Juno Alcime
Incorporator

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 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.

Dated 5/31/03

[Signature]
Registered Agent

Articles of incorporation

BOARD OF DIRECTORS

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03 JUL 22 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REF. # 5

NAME

WIKENSON Legulus

6267 FAIRGREEN Rd.
WEST PALM BEACH, FL 33411

Juno ALcime

551 N.W. 42^{CT} #211
Pompano BEACH, FL 33068

CERANES Legulus

6267 FAIRGREEN Rd.
WEST PALM BEACH, FL 33411

JosLET CERVIL

210 N.W 38 PLACE
Pompano BEACH, FL 33068