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TRANSMITTAL LETTER

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

SUBJECT: TALLAHASSEE MEN OF VISCON INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	X SlEPHET		
	Name	(Printed or typed)	,
_	P.O. Box	208	
	4	Address	
_	MIDWAY	F(3235	5
	City,	State & Zip	
_	(850) 580	0-4500	And the second
_	Daytime T	elephone number	

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: TALLAHASSEE MEN OF VISION INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 73(8 W TENN ST TALLA HASSEE, F13230
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO DO BUSINESS FOR PROFIT
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): POBOX 208 MIDWAY F[323A3]
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: KSTEPHEN 7318W TENN ST TALLA HASSEE.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KSTEPHEN OX, P.O.BOX208
MIDWAY F(32343
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 Date

Signature/Incorporator