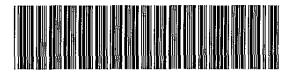
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(Requestor's Name)				
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(City/State/Zip/Phone #)				
• • •				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MRD 8/31

11105-39321

# TRANSMITTAL LETTER

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

SUBJECT: OPTICA	AL EXPRESS OF CRYSTAL RIVE	ER, INC.	ine stierty)
	`	<del></del>	
Enclosed are an ong	ginal and one (1) copy of the artic	nes of incorporation and	a check for.
☑ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: OF	PTICAL EXPRESS OF CRYSTAL Name	RIVER, INC. (Printed or typed)	
		, ,	
	827 S.W. KINGSBAY DR.		
	. A	Address	
	CRYSTAL RIVER, FL 34429	State & Zip	· ·
	City,	State & Elp	
	(352) 726-0654		
	Daytime T	elephone number	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2005

OPTICAL EXPRESS OF CRYSTAL RIVER, INC. 827 S.W. KINGSBAY DR CRYSTAL RIVER, FL 34429

SUBJECT: OPTICAL EXPRESS OF CRYSTAL RIVER, INC.

Ref. Number: W05000039321

We have received your document for OPTICAL EXPRESS OF CRYSTAL RIVER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

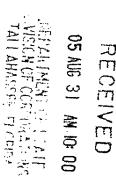
Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist New Filings Section

Letter Number: 805A00052932



#### ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

05 AUG 31 PM 4: 06

# ARTICLE I NAME

The name of the corporation shall be:

OPTICAL EXPRESS OF CRYSTAL RIVER, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 827 S.W. KINGSBAY DR. CRYSTAL RIVER, FL 34429

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPTICAL SALES

#### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

HILDA FIALKO, PRESIDENT 827 S.W. KINGSBAY DR. CRYSTAL RIVER, FL 34429

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

HILDA FIALKO 827 S.W. KINGSBAY DR. CRYSTAL RIVER, FL 34429

#### ARTICLE VII INCORPORATOR

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

HILDA FIALKO 827 S.W. KINGSBAY DR. CRYSTAL RIVER, FL 34429

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

signatura Bagistand Agast

Signature/Registered Agent

Dat

8-75-05 Date

Signature/Incorporator