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SECRETARY AND STATE

TRANSMITTAL LETTER

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

SUBJECT: / NTEINATIONAL VISION SERVICES, TNC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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 PPY REQUIRED	
FROM: C. LOUIZDES IZELTA Name (Printed or typed)				
WINTER SPRINGS, FL 32708 City, State & Zip				
3 86 - 659 - 8339 Daytime Telephone 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 The name of the corporation shall be: INTERNATIONAL VISION SERVICES, INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1284 ANDES DR WINTER SPRINGS, FL 32708 PURPOSE ARTICLE III The purpose for which the corporation is organized is: SALES +SERVICES 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): C. LOURDES RELTA MANUEL RELTA 1284 ANDES DR 1284 ANDES DR WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 C. LUURDES RELTA ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: MANUEL RELTA 1284 ANDES DR WINTER SPRINGS, FL 32708 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: C LUUDES IZELTA 1284 ANDES DIZ WINTER SPIZINGS, FL 32708 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 Date