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COVER LETTER

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

SUBJECT:	Rosemary A. Gos (PROPOSED CORPORA	nzalez 0.b.,	P.A.
	(PROPØSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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:	Rosemany F	Frinted or typed)	
5121 S. W. 162 PL Address			
	YrHarni, P City,	7 33185 State & Zip	
-		DP-0440 elephone number	
Day time i deprione 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:	
Rosemany A. Gonzalez, OD., P.A:	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
5121 S.W. 162 Place Miami, PL 33185	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Optometry	•
	•
ARTICLE IV SHARES	·
The number of shares of stock is: /00	
ARTICLE V INITIAL OFFICERS AND/OR DIR List name(s), address(es) and specific title(s):	<u>ECTORS</u>
Rasemary N. Gorralez, O.D.	
5/21 S.W. (62 PL	4
Miami, PL 33185 Title: Prisidad	
ARTICLE VI REGISTERED AGENT	•
The name and Florida street address (P.O. Box NOT accept	otable) of the registered agent is:
Roseman A Gonzalez, O.D.	
Rosemany A Gonzalez, O.D.	•
mlami, FL 33185	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Rosemany A. Gonzaliz, O.D.	
5121 S.W. 162 PC	
MIarni, FL 33185	•

Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a	
PAY.	5/21/04
Signature/Registered Agent	Date
$\kappa \circ M \wedge \cdots \circ m$	5/21/06
Signature/Incorporator	Date