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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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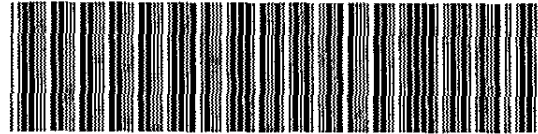
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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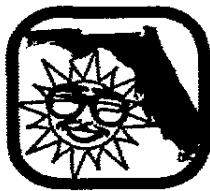
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SP



## Florida Incorporators, Inc.

Mark S. Hankins  
President  
8875 Hidden River Pkwy Ste. 300  
Tampa, FL 33637

September 26, 2006

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

RE: Focal Point Eyecare P.A.

Dear Corporate Specialist:

Enclosed is an original and one (1) copy of the Articles of Incorporation for the above-referenced corporation, and funds of \$78.75 representing the filing fee for same.

Please do not hesitate to contact the undersigned if there are any questions or concerns.

Sincerely,

Mark Hankins  
President

Articles Of Incorporation  
of  
FOCAL POINT EYECARE P.A.

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06 OCT -2 PM 3:28  
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, ACTING AS INCORPORATOR OF A PROFESSIONAL ASSOCIATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION:

FIRST: The name of the professional association is Focal Point Eyecare P.A.

SECOND: The period of its duration is perpetual.

THIRD: The date and time of the commencement of the corporate existence shall be the date of the filing of these Articles by the Department of State.

FOURTH: The purpose or purposes for which the professional association is organized is to engage in the transaction of any or all lawful business for which the professional association may be incorporated under the provisions of the Florida Business Corporation Act.

FIFTH: The aggregate number of shares which the corporation shall have authority to issue is ONE THOUSAND (1,000) SHARES of capital stock, \$.001 par value each.

SIXTH: The number of directors constituting the initial Board of Directors of the corporation is ONE (1) and the name and address of the person who is to serve as director until the first

annual meeting of shareholders or until his successor is elected and qualified is:

JASON EDWARD IANNARELLI  
496 PALM AVENUE  
ORMOND BEACH, FL 32174

SEVENTH: The name and address of the incorporator is:

JASON EDWARD IANNARELLI  
496 PALM AVENUE  
ORMOND BEACH, FL 32174

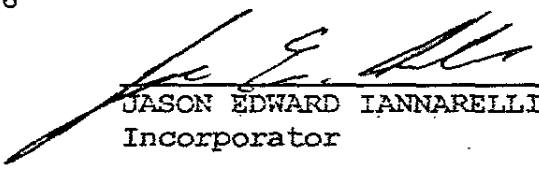
EIGHTH: The name and address of the initial registered agent and the initial registered office is:

JASON EDWARD IANNARELLI  
496 PALM AVENUE  
ORMOND BEACH, FL 32174

NINTH: The mailing address and principal office of the professional association is:

FOCAL POINT EYECARE P.A.  
496 PALM AVENUE  
ORMOND BEACH, FL 32174

DATED: September 19, 2006

  
JASON EDWARD IANNARELLI  
Incorporator

ACCEPTANCE OF REGISTERED AGENT

I hereby am familiar with and accept the duties and responsibilities as registered agent of the professional association.

  
JASON EDWARD IANNARELLI

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JALANZ-SEL, FLORIDA