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SECRETARY OF STATE
TALLAHASSEE, FI ORIN

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# **COVER LETTER**

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

SUBJECT: Visio	n Development Center, (PROPOSED CORPORA)	Inc.	UDE SHEFIX)		_	
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Englaced are an aria	inal and one (1) copy of the artic	eles of incorporation and	lacheck for			
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\$70.00	\$78.75	<b>✓</b> \$78.75	\$87.50	1		
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FROM: Re	egina L. Manes, O.D.					
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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:

Vision Development Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

784 US Highway One, Suite 23 North Palm Beach, FL 33408

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Eye exams, visual perceptual and visual motor evaluations and vision therapy.

### ARTICLE IV SHARES

The number of shares of stock is:

100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Regina L. Manes, OD 784 US Highway One, suite 23 North Palm Beach, FL 33408

President

#### ARTICLE VI REGISTERED AGENT

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

Regina L. Manes, OD 430 Neptune Rd Juno, Beach, FL 33408

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Regina L. Manes,OD 430 Neptune Rd Juno Beach, FL 33408

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

Date

SECRETARY OF STATE TALLAHASSEE, FI OPIN

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