

**P07000065855**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200103633882

06/04/07--01054--005 \*\*78.75

**FILED**

2007 JUN -4 P 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6-5-07  
20

## COVER LETTER

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

SUBJECT: G K VISION CARE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00

Filing Fee

☒ \$78.75

Filing Fee  
& Certificate of Status

☐ \$78.75

Filing Fee  
& Certified Copy

☐ \$87.50

Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: GALINA KARNAUKH

Name (Printed or typed)

6770 INDIAN CREEK DR. (# 6F)

Address

MIAMI BEACH, FL 33141

City, State & Zip

(954) 817-8153

Daytime Telephone number

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

G.K VISION CARE, INC.

**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:

G K VISION CARE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6770 INDIAN CREEK DR., Suite 6F

MIAMI BEACH, FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

1. To provide vision care services and products.
2. To engage in any legal act or activity for which corporations may be formed.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares

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

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

GALINA KARNAUKH, Pres.

6770 INDIAN CREEK DR. (# 6F)

MIAMI BEACH, FL 33141

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

GALINA KARNAUKH

6770 INDIAN CREEK DR. (# 6F)

MIAMI BEACH, FL 33141

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:


GALINA KARNAUKH

6770 INDIAN CREEK DR. (# 6F)

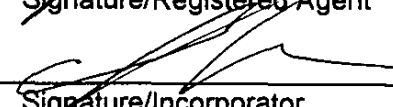
MIAMI BEACH, FL 33141

\*\*\*\*\*

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

**FILED**  
 2007 JUN -4 P 12:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA