

OCT. 29. 2007 10:45 AM

Division of Corporations CAPITAL CONNECTION

No. 2262

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850) 224-8870

Fax Number : (850) 224-7047

FILED
07 OCT 29 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

COMPLETE VISION CARE, P.A.

Certificate of Status	0
Certified Copy	0
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MRS 10/30

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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:

COMPLETE VISION CARE, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2621 NW 39 ST

BOCA RATON, FL 33434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The specific nature of business is the practice of Optometry.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTOPHER CASTELLO

PRESIDENT/DIRECTOR

2621 NW 39 ST

BOCA RATON, FL 33434

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TALLAHASSEE, FLORIDA**

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ARTICLE VI REGISTERED AGENT

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

CHRISTOPHER CASTELLO
2821 NW 39 ST.
BOCA RATON, FL 33434

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

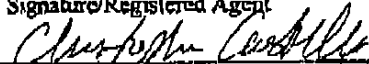
The name and address of the Incorporator is:

CHRISTOPHER CASTELLO
2821 NW 39 ST.
BOCA RATON, FL 33434

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



Signature/Incorporator

10/26/07

Date

10/26/07

Date

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