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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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

VISION CARE AND SURGERY ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

VISION CARE AND SURGERY ASSOCIATES, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

777 East 25 Street, Suite 414
Hialeah, Florida 33013

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV - SHARES

The number of share of stock is:

One Hundred (100) shares of common stock having a par value of \$1 per share.

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

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

Gerardo M. Perez, President
6505 Allison Road
Miami Beach, Florida 33141

ARTICLE VI - REGISTERED AGENT

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

Gerardo M. Perez
6505 Allison Road
Miami Beach, Florida 33141

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gerardo M. Perez
6505 Allison Road
Miami Beach, Florida 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 to act in this capacity.

X 

Signature/Registered Agent

10-26-07

Date

X 

Signature/Incorporator

10-26-07

Date

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