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2008 MAR -3 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

QH
3-4-08

COVER LETTER.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: UNIVERSITY OPTICAL 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: ANTONIO AND MARIA FEROCCE

Name (Printed or typed)

2685 UNIVERSITY ACRES DRIVE

Address

ORLANDO, FL 32817

City, State & Zip

(407) 234-5466

Daytime Telephone number

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:

UNIVERSITY OPTICAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2685 UNIVERSITY ACRES DRIVE, ORLANDO, FL 32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPTICAL SALES

ARTICLE IV SHARES

The number of shares of stock is:

8,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**ANTONIO FEROCCE, PRESIDENT AND
SECRETARY
2685 UNIVERSITY ACRES DRIVE
ORLANDO, FL 32817**

**MARIA FEROCCE, VICE PRESIDENT AND
TREASURER
2685 UNIVERSITY ACRES DRIVE
ORLANDO, FL 32817**

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

MARIA FEROCE
2685 UNIVERSITY ACRES DRIVE
ORLANDO, FL 32817

ARTICLE VII INCORPORATOR

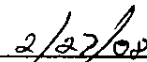
The **name and address** of the Incorporator is:

ANTONIO FEROCE
2685 UNIVERSITY ACRES DRIVE
ORLANDO, FL 32817

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

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TALLAHASSEE, FLORIDA