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FERFTARY OF STATE

APR 22 2008 D.A. WHITE

COVER LETTER

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

SUBJECT: MAYFAIR OPTICIANS INC (PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	.UDE SUFFIX)
Enclosed are an original and one (1) copy of the arts \$70.00	\$78.75 Filing Fee & Certified Copy	\$87.50 No Filing Fee, Certified Copy & Certificate of Status
FROM: JONATHAN P LOCKERMAN Name	(Printed or typed)	
9430 ARLINGTON EXPRESSWA	AY Address	
JACKSONVILLE FL 32225 City	, State & Zip	······································
904 725 3585 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

MAYFAIR REGENCY OPTICIANS INC

2000 APR 21 P 2: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal **<u>street</u>** address and mailing address, if different is:

9430 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MAKE AND SALE OF EYE GLASSES AND SALE OF FRAMES

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): JONATHAN P LOCKERMAN 2901 FOREST BLVD JACKSONVILLE FL

ARTICLE VI REGISTERED AGENT

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

SJONATHAN P LOCKERMAN 2901 FOREST BLVD JACKSONVILLE FL

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: JONATHAN P LOCKERMAN 2901 FOREST BLVD JACKSONVILLE FL

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

/ (

Date