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SECRETARY OF STATE

COVER'LETTER

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

SUBJECT: CHRISTINE CHEN & ASSOCIATES, O.D., P.A.					
someti.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: CH	RISTINE CHEN Name	(Printed or typed)			
	5017 W. SPRING LAKE DR.	Address			
	TAMPA, FL 33629-8327 City,	State & Zip			
1	813-48 6-2 510 Daytime T	elephone 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)	2099 SEC TALL
ARTICLE I NAME The name of the corporation shall be:	
CHRISTINE CHEN & ASSOCIATES, O.D., P.A.	-9
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5017 W. SPRING LAKE DR. TAMPA, FL 33629-8317	PHI2: 37
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PRACTICE OF OPTOMETRY (PROFESSIONAL ASSOCIATION TO ENGAGE IN THE PROFESSIONAL ASSOCIATION TO ENGAGE EN TO ENGAGE	ROVIDE EYE CARE)
ARTICLE IV SHARES The number of shares of stock is: 100 (ONE HUNDRED)	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): TITLE: PVST CHRISTINE CHEN 5017 W. SPRING LAKE DR. TAMPA, FL 33629-8217 TITLE: D CHRISTINE CHEN 5017 W. SPRING LAKE DR. TAMPA, FL 33629-8217 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered a CHRISTINE CHEN	agent is:
5017 W. SPRING LAKE DR. TAMPA, FL 33629-8217 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CHRISTINE CHEN 5017 W. SPRING LAKE DR. TAMPA, FL 33629-8217	· .
**************************************	********************************** on at the place designated in this capacity
Christini Ohen, O.D.	09/08/08
Signature/Registered Agent Church D.D. Signature/Incorporator	Date OPONION Date