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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

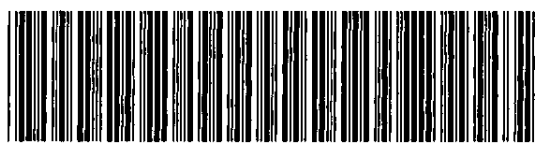
(Business Entity Name)

(Document Number)

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12/29/08--01017--004 \*\*78.75

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2008 DEC 29 P 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80-10-01  
2008

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December 24, 2008

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

Re: 20/20 Eyecare Services, Inc.

Dear Sir or Madam:

Enclosed please find the following:

1. An original and one copy of the Articles of Incorporation for 20/20 Eyecare Services, Inc.;
2. Original and one copy to the Certificate of Designation of Registered Agent/Registered Office; and,
3. Trust account check in the amount of \$78.75 representing payment in full of the filing fee.

Please direct all correspondence and/or inquiries regarding this filing to the above-listed address. Thank you for your attention to this matter. Should you have any questions or comments, please do not hesitate to call.

Very truly yours,

LAW OFFICES OF MARC G. EPSTEIN, P.A.

By: 

Renee M. Touzalin, Legal Assistant

/rmt  
Enc.

**ARTICLES OF INCORPORATION  
OF  
20/20 EYECARE SERVICES, INC.**

**FILED**  
2008 DEC 29 PM 4:16  
SECRETARY OF STATE  
PALM BEACH COUNTY, FLORIDA

In compliance with the requirements of F.S. Chapter 607, the undersigned hereby acts as an incorporator in adopting and filing the following articles of incorporation for the purpose of organizing a business corporation.

**ARTICLE I**

The name of the Corporation is: 20/20 EyeCare Services, Inc.

**ARTICLE II**

The existence of the Corporation shall begin on: Date of Incorporation.

**ARTICLE III**

The street address of the principal office of the Corporation is: 2900 West Cypress Creek Road#4, Fort Lauderdale, FL 33309.

The mailing address of the Corporation is: 190 North Compass Drive, Fort Lauderdale, FL 33308.

**ARTICLE IV**

The maximum number of shares this Corporation is authorized to issue is Ten Thousand (10,000 Shares), par value \$1.00 per share, all of which shall be Common Shares.

**ARTICLE V**

The initial street address of the Corporation's registered office is: 190 North Compass Drive, Fort Lauderdale, Florida, 33308. The initial registered agent for the Corporation at that address is: Patrice Coppola.

**ARTICLE VI**

The initial board of directors shall consist of two members. This number may be increased or decreased from time to time in accordance with the Corporations's bylaws, but shall never be less than one. The names and addresses of the persons who will serve on the initial board of directors are:

Names	Addresses
Robert Coppola	190 North Compass Drive Fort Lauderdale, FL 33308
Patrice Coppola	190 North Compass Drive Fort Lauderdale, FL 33308

**ARTICLE VII**

The name and street address of the person signing these articles of incorporation is:

Name	Address
Robert Coppola	190 North Compass Drive Fort Lauderdale, FL 33308

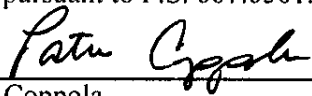
IN WITNESS WHEREOF, the undersigned incorporator has executed these articles of incorporation.

  
\_\_\_\_\_  
Robert Coppola  
Incorporator

12-11-08  
\_\_\_\_\_  
Date

**ACCEPTANCE OF REGISTERED AGENT**

Having been named to accept service of process for Robert Coppola at the place designated in the articles of incorporation, the undersigned is familiar with and accepts the obligations of that position pursuant to F.S. 607.0501.

  
\_\_\_\_\_  
Patrice Coppola  
Registered Agent

12/11/08  
\_\_\_\_\_  
Date

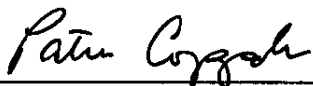
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 607.0501, THE UNDERSIGNED CORPORATION,  
ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT IN THE STATE OF FLORIDA.

1. The name of the corporation is: 20/20 EyeCare Services, Inc.
2. The name and address of the registered agent and office is:

Patrice Coppola  
190 North Compass Drive  
Fort Lauderdale, Florida 33308

Having been named as registered agent and to accept service of process for the above-named corporation at the place designated in this certificate, I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



\_\_\_\_\_  
Patrice Coppola

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TALLAHASSEE, FLORIDA