Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000005965 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTAX USA INC.

Account Number: I2000000254 : (727)546-3335 Phone Fax Number : (727)546-3365

FLORIDA PROFIT/NON PROFIT CORPORATION

NICHOLAS AND ERSON P.A.

NICHOLAS TOM

ANDERSON P.A.

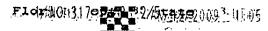
Certificate of Status	0
Certified Copy	0
Page Count	-94-5
Estimated Charge	\$70.00

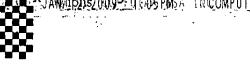
Electronic Filing Menu

Corporate Filing Menu

1/9/2009

https://efile.sunbiz.org/scripts/efilcovr.exe







January 12, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPUTAX USA INC.

SUBJECT: NICHOLAS ANDERSON P.A.

REF: W09000001316

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000081442.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II FAX Aud. #: E09000005965 Letter Number: 309A00000980

H09000005965 3

ARTICLES OF INCORPORATION OF

NICHOLAS TOM ANDERSON P.A.

ARTICLE I - Name
The name of the corporation is:
NICHOLAS TOM ANDERSON P.A.

ARTICLE II - Principal Office
The principal place of business and mailing address is:

12570 5TH St E

Treasure Island FL 33706

ARTICLE III - Purpose

The purpose for which the corporation is organized is to engage in the profession of optometry and transacting any business permitted under the laws of the State of Florida and the laws of the United Stated of America for professional service corporation.

ARTICLE IV - Capital Stock

This corporation is authorized to issue 100 shares of common stock, having par value of \$1.00 per share.

The stock as aforesaid be paid for in lawful money of the United States, or in property, labor or services at a just valuation to be fixed by the incorporators, or by the Board of Directors at a meeting to be called for that special purpose.

ARTICLE V - Preemptive Rights

Every shareholder, upon the sale of cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof at the price, which is offered to others.

ARTICLE VI - Registered Agent
The street address of the initial registered office of this corporation is:

12570 5TH St E Treasure Island FL 33706
and the name of the initial registered agent of this corporation at that address is:

NICHOLAS ANDERSON.



ສ້ະຕູ. ເທ**H0900000596**5 3

ARTICLE VII - Incorporators

The name(s) and address(es) of the Incorporator(s) is /are:

NICHOLAS ANDERSON 12570 5TH St E Treasure Island FL 33706

ARTICLE VIII - Initial Officers/Directors
The name(s), address(es) and title(s):

President - NICHOLAS ANDERSON 12570 5TH St E Treasure Island FL 33706

ARTICLE IX - Powers

This corporation shall have all of the corporate powers enumerated in the Florida

General Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber(s) has/have executed these Articles of Incorporation this 5th day of January 2009.

President

In Ala



CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating office/registered agent, in the State of Florida.

1 .The name of the corporation is:	NICHOLAS	TOM	ANDERSON P. A		7
•			>=		وسيدي
2. The name and address of the registered agent and office is: NICHOLAS ANDERSON		SSET SEE	12		
	570 5 TH St E			U	2 mm = 1
Treasur	e Island FL 33	3706	E ST		Carrie
			<u> </u>	19	

SIGNATURE

TITLE:

President

DATE:

01/05/2009

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

REGISTERED AGENT

Date: 01/05/2009