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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 PM 12:05

APPROVED
AND
FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

clarin eye care center, p.a.

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ARTICLES OF INCORPORATION

OF

CLARIN EYE CARE CENTER, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 30 PM 12:05

APPROVED
AND
FILED

I the undersigned sole subscriber to these Articles of Incorporation, being a natural person competent to contract, hereby endeavor to establish a Florida professional association in compliance with chapter 621 F.S.

ARTICLE I.

The name of this corporation shall be:
CLARIN EYE CARE CENTER, P.A.

ARTICLE II.

The purpose of this corporation is to engage in the practice of licensed optometry and to exercise the powers now or hereafter granted to professional service corporations.

ARTICLE III.

The maximum authorized capital stock of this corporation shall be One Thousand Shares (1,000) of common stock with a par value of One dollar (\$1.00) per share.

ARTICLE IV.

The street address of the corporation's initial registered office and principal place of business shall be 14429 South Dixie Highway, Miami, Florida 33176. The

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name of the corporation's initial registered agent at this address shall be Adam J. Clarin. The principal place of business is 14429 South Dixie Highway , Miami , Florida 33176.

ARTICLE V.

This corporation shall be managed by the stockholders of the corporation rather than by a board of directors.

ARTICLE VI.

The initial officers of the corporation are:

President - Bruce J. Clarin

Secretary - Adam J. Clarin

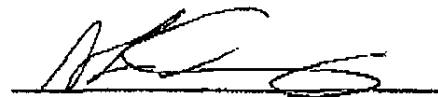
Treasurer - Adam J. Clarin

ARTICLE VII.

The sole incorporator is Adam J. Clarin of 14429 South Dixie Highway , Miami , Florida 33176.

EXECUTION

Being the sole incorporator, I hereby execute these Articles of Incorporation.



Adam J. Clarin

ACKNOWLEDGMENT

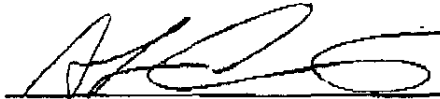
In witness whereof, I hereunto set me hand and seal
this 30th day of April, 2009.



Adam J. Clarin

ACCEPTANCE OF DESIGNATION

Having been named to accept service of process for the
above stated corporation as specified in ARTICLE IV., I
hereby agree to act in this capacity.



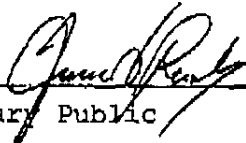
Adam J. Clarin

State of Florida)
County of Broward)

I hereby certify on this 30th day of April, 2009,
personally appeared before the undersigned authority, Adam
J. Clarin to me well known, or who has produced
identification in the nature of FL DR. LIC. and
who executed, acknowledged and accepted the designation in
these Articles of Incorporation, and acknowledged before me
that they executed the same.

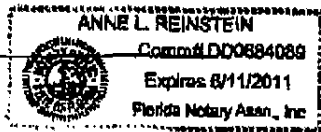
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Witness my hand and seal in the County and State
aforesaid on the above date.



Notary Public

My commission expires:



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TALLAHASSEE, FLORIDA

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