

PO9000070782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

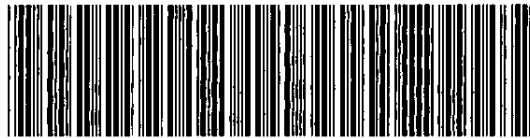
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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W09000036438

ND  
8-24-09

## COVER LETTER

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

**SUBJECT:** Happy Eyes & Happy Ears Corp  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Alberto Primavesi  
Name (Printed or typed)

5445 Collins Ave Suite M19  
Address

Miami Beach FL 33140  
City, State & Zip

(954) 684 6309  
Daytime Telephone number

aprimavesi@msn.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 AUG 24 AM 11:04  
DIVISION OF CORPORATION

August 12, 2009

ALBERTO PRIMAVESI  
5445 COLLINS AVE SUITE M19  
MIAMI BEACH, FL 33140

SUBJECT: HAPPY EYES & HAPPY EARS  
Ref. Number: W09000036438

We have received your document for HAPPY EYES & HAPPY EARS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Percentages are not acceptable.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney  
OPS Clerk  
New Filing Section

Letter Number: 309A00027453

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I NAME**

The name of the corporation shall be **Happy Eyes & Happy Ears Corp**

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

Principal office: 861 Sw. 8th Street. Miami FL 33130

Mailing Address: 5445 Collins Ave. Suite M19 Miami Beach FL 33140

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Optical and Hearing Aid

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Rocio Sullivan 5445 Collins Ave. Suite M19 Miami Beach FL 33140 President

Alberto Primavesi 5445 Collins Ave. Suite M19 Miami Beach FL 33140 Vice President

### **ARTICLE VI REGISTERED AGENT**

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

Alberto Primavesi 5445 Collins Ave. Suite M19 Miami Beach FL 33140

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Alberto Primavesi 5445 Collins Ave. Suite M19 Miami Beach FL 33140

\*\*\*\*\*

*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

08/19/2008

Date

08/19/2008

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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