

PD9000080427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

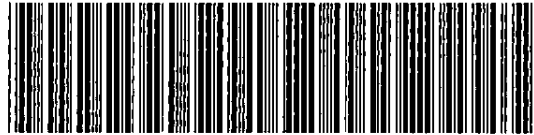
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400157967394

09/28/09--01014--012 \*\*70.00

FILED  
09 SEP 28 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
9/30

**TAX**  
**ADVANTAGE**

Income Tax Services  
Incorporations & Payroll  
Accounting, & Bookkeeping Services

JAMES K. REESE, EA

---

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

September 24, 2009

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

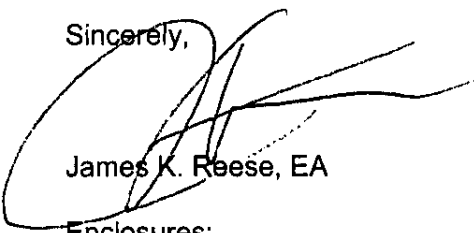
Re: Articles of Incorporation for Vitrectomy Recovery Equipment, Inc.

Dear Sir or Madam:

Enclosed are (2) original Articles of Incorporation for Vitrectomy Recovery Equipment, Inc along with my check in the amounts of \$70.00. Please file the Articles and return one copy to me at the above address.

If you have questions, please do not hesitate to call me.

Sincerely,



James K. Reese, EA

Enclosures:

Articles of Incorporation (2 copies)  
Check in the amount of \$70.00

**ARTICLES OF INCORPORATION**

**OF**

**VITRECTOMY RECOVERY EQUIPMENT, INC**

FILED

09 SEP 28 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - NAME**

The name of this corporation shall be:

**VITRECTOMY RECOVERY EQUIPMENT, INC.**

The general nature of the business to be transacted by this corporation is:

To engage in services and activities associated with decision-making in the public and private sector.

To engage in any other lawful business, to purchase, or otherwise acquire, and to own, mortgage, pledge, sell, convey, assign, transfer, or otherwise dispose of, and to invest in and hold real or personal property, of every class, kind, and description, and to otherwise engage in any legal business or activity permitted under the laws of the State of Florida and in all other States and counties.

To conduct said business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks, and license in the State of Florida and in all other States and counties.

To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidence of indebtedness, and execute such mortgages and transfers of corporate indebtedness as required.

To purchase the corporate assets of any other corporation and engage in the same or other character of business.

To guarantee, endorse, purchase, hold, sell, mortgage, transfer, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, of any other corporation of the State of Florida or any other State or Government, and while owner of such stock to exercise all of the rights, powers, and privileges of ownership, including the right to vote such stock.

## **ARTICLE II - CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares at no par value.

## **ARTICLE III - PREEMPTIVE RIGHT**

Holders of the common stock shall have the right to subscribe and purchase their pro rata shares of any new common stock which may be issued by the corporation.

## **ARTICLE IV - TERM OF EXISTENCE**

This corporation is to exist perpetually.

## **ARTICLE V - PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation shall be at 1509 W. Windy Willow Drive, St. Augustine, FL 32092.

## **ARTICLE VI - INITIAL REGISTERED AGENT & ADDRESS**

The name and address of the initial registered agent is Diane Box, at 1509 W. Windy Willow Drive, St. Augustine, FL 32092

## **ARTICLE VII - DIRECTORS**

This corporation shall not have more than one (1) director initially. The number of directors may be increased or diminished from time to time by By-Laws adopted by the stockholders.

## **ARTICLE VIII - INITIAL DIRECTORS AND OFFICERS**

The name and address of the Initial Director and Officers are:

<b>NAME</b>	<b>ADDRESS</b>
Diane Box	1509 W. Windy Willow Drive St. Augustine, FL 32092

## ARTICLE IX - INCORPORATOR

The name and street address of the Incorporator of these Articles of Incorporation is:

NAME	ADDRESS
Diane Box	1509 W. Windy Willow Drive St. Augustine, FL 32092

## ARTICLE X - AMENDMENTS

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at stockholders' meeting by a majority of the stockholders entitled to vote thereon, unless all the Directors and all of the stockholders sign a written statement manifesting their intention that a certain amendment to these Articles of Incorporation be made.

## ARTICLE XI - SPECIAL PROVISION

It is the intent of the incorporator that the corporation will qualify under Section 1244 of the Internal Revenue Code and that the corporation will file as a Subchapter S corporation.

## ARTICLE XII - EFFECTIVE DATE


These Articles of Incorporation shall be effective on the date of filing.

  
Diane Box  
Incorporator

STATE OF FLORIDA  
COUNTY OF Duval

I HEREBY CERTIFY that on this day, before me, a Notary Public, duly authorized in State and County named above to take acknowledgments, personally appear Diane Box to me known to be the person described as subscribed in and executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above on this the 24 day of Sept, 2009.

  
DIANE C. STEVENSON  
MY COMMISSION # DD490416  
EXPIRES: Nov. 14, 2009  
Florida Notary Service.com

FILED  
09 SEP 28 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Notary Public

FILED

09 SEP 28 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

The name of the corporation is:

**VITRECTOMY RECOVERY EQUIPMENT, INC.**

The name and address of the Registered Agent and Office

Diane Box  
1509 W. Windy Willow Drive  
St. Augustine, FL 32092

SIGNATURE

Diane Box

Diane Box

DATE

9/24/09

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby 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.

SIGNATURE

Diane Box

Diane Box

DATE

9/24/09