

10/16

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GARLICK, STETLER &amp; SKRIVAN, LLP

(AX) (239) 597-6984

P.001/005

Division of Corporations

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Account Name : KENT A. SKRIVAN OF GARLICK, STETLER, SKRIVAN, LLP  
Account Number : I200900000052  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

Reyes Eye Care, PA

Certificate of Status	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/16/2009 14:21 GARLICK, STETLER & SKRIVAN, LLP

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P.002/005

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OF**

**REYES EYE CARE, PA**

The undersigned hereby makes, adopts and subscribes to these Articles of Incorporation for the purpose of forming a corporation under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this corporation is REYES EYE CARE, PA

**ARTICLE II**  
**PRINCIPAL OFFICE; MAILING ADDRESS**

The address of the principal office of the Corporation shall be 26381 S. Tamiami Trail, Unit G-112, Bonita Springs, Florida 34134.

The mailing address of the Corporation shall be 26381 S. Tamiami Trail, Unit G-112, Bonita Springs, Florida 34134.

**ARTICLE III**  
**PURPOSE**

The purpose for which the Corporation is organized is to engage in the practice of optometry and for all purposes related or incidental thereto.

**ARTICLE IV**  
**DURATION**

The Corporation shall have a perpetual existence commencing on the filing of these Articles of Incorporation.

Prepared by:  
Kent A. Skrivan, Esq.  
Garlick, Stetler & Skrivan, LLP  
9115 Corsea del Fontana Way, Suite 100  
Naples, Florida 34109  
(239) 597-4500  
Florida Bar No. 0893552

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**ARTICLE V**  
**DIRECTORS**

The method by which Directors of the Corporation shall be elected is set forth in the by-laws. The number of directors constituting the initial Board of Directors of this Corporation is one (1). The name and street address of the initial director is:

Joe Reyes  
5160 Harborage Drive  
Fort Myers, Florida 33908

**ARTICLE VI**  
**CAPITAL STOCK**

The Corporation is authorized to issue 5,000 shares of One Dollar (\$1.00) par value voting common stock.

**ARTICLE VII**  
**INITIAL REGISTERED AGENT AND ADDRESS**

The name of the Corporation's initial registered agent is Joe Reyes. The address of the registered agent is 5160 Harborage Drive, Fort Myers, Florida 33908.

**ARTICLE VIII**  
**INCORPORATOR**

The name and address of the Incorporator is:

Joe Reyes  
5160 Harborage Drive  
Fort Myers, Florida 33908

**ARTICLE IX**  
**INDEMNIFICATION**

The Corporation shall indemnify its officers and directors to the fullest extent permitted by law.

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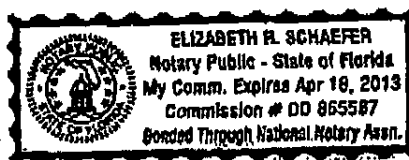
IN WITNESS WHEREOF, the undersigned has caused these Articles of Incorporation to be executed this 16 day of October, 2009.

Joe Reyes  
Joe Reyes, Incorporator

STATE OF FLORIDA  
Lee  
COUNTY OF ~~GOLIER~~

The foregoing instrument was acknowledged before me this 16 day of October, 2009, by Joe Reyes, who is personally known to me or who produced a drivers' license or identification and who did take an oath.

Elizabeth R. Schaefer  
NOTARY PUBLIC  
Commission Expiration:



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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT AND OFFICE**

Pursuant to the provisions of Section 807.0501 of the Florida Business Corporation Act, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered office and registered agent in the State of Florida.

1. The name of the Corporation is REYES EYE CARE, PA
2. The name and address of the registered agent and registered office of the corporation is:

Joe Reyes  
5160 Harborage Drive  
Fort Myers, Florida 33908

Signed this 16 day of October, 2009.

By: Joe Reyes L.S.  
Joe Reyes, Incorporator

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**REGISTERED AGENT ACCEPTANCE**

Having been named as Registered Agent and to accept service of process for the above stated Corporation at the place designated in the 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 the 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.

Date October 16 2009

Joe Reyes L.S.  
Joe Reyes

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