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Division of Corporations
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To:

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Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
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FLORIDA PROFIT/NON PROFIT CORPORATION
Nature Coast Optometry, Inc.

Certificate of Status	0
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JAN. 28. 2010 4:24PM

CAPITAL CONNECTION

NO. 7002 P. 2/4
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ARTICLES OF INCORPORATION OF

Nature Coast Optometry, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Nature Coast Optometry, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **555 N. Byron Butler Parkway, Perry, Florida 32347**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1000) shares having a par value of (\$.001) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Gary A. Shipman, 1414 County Highway 283 South, Ste. B, Santa Rosa Beach, Florida 32459.**

ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is:

Gary A. Shipman, P./Sec./Tres./Dir., 1414 County Highway 283 South, Ste. B, Santa Rosa Beach, Florida 32459.

ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.**

The undersigned has executed these Articles of Incorporation this 27th day of January 2010.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



JAN. 28. 2010 4:24PM

CAPITAL CONNECTION

NO. 7002 P. 4/4

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is: Nature Coast Optometry, Inc.

2. The name and address of the registered agent and office is:

Gary A. Shipman
1414 County Highway 283 South, Ste. B
Santa Rosa Beach, FL 32459

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.


