

P10000043380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

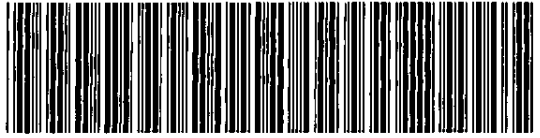
(Business Entity Name)

(Document Number)

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

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FILED  
10 MAY 19 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-20-10 CB

## COVER LETTER

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

**SUBJECT:** NJ Vision, Inc.

(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:** Neha Joshi

\_\_\_\_\_  
Name (Printed or typed)

1572 Village Center Dr. Apt. 206

\_\_\_\_\_  
Address

Lakeland, FL 33803

\_\_\_\_\_  
City, State & Zip

(786) 877-2387

\_\_\_\_\_  
Daytime Telephone number

nehajoshi.od@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

# 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:

NJ Vision, Inc.

## **ARTICLE II      PRINCIPAL OFFICE**

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

1572 Village Center Dr Apt. 206

Lakeland, FL 33803

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Eye Care

## **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):

Neha Joshi      1572 Village      Lakeland, FL      Officer  
Center Dr. Apt.      33803  
206

## **ARTICLE VI      REGISTERED AGENT**

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

Neha Joshi

1572 Village Center Dr. Apt. 206

Lakeland, FL 33803

## **ARTICLE VII      INCORPORATOR**

The **name and address** of the Incorporator is:

Neha Joshi

1572 Village Center Dr. Apt. 206

Lakeland, FL 33803

\*\*\*\*\*

*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*

Neha Joshi

Signature/Registered Agent

5/14/10

Date

Neha Joshi

Signature/Incorporator

5/14/10

Date

FILED  
10 MAY 19 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA