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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 MAY 26 PM 12:56

APPROVED  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Dr. Cook's Eye Care Centers, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

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 shall be:

**Dr. Cook's Eye Care Centers, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Address: 1698 Winners Circle  
Tarpon Springs, FL 34689

Mailing Address: P.O. Box 2647  
Tarpon Springs FL 34688

### ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:

One-Thousand (1,000) Shares  
Common Stock

### ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent is:

Bradley S. Cook  
1698 Winners Circle  
Tarpon Springs, FL 34689

### ARTICLE V INCORPORATORS

The name and address of the Incorporators to these Articles of Incorporation are:

Bradley S. Cook  
1698 Winners Circle  
Tarpon Springs, FL 34689

### ARTICLE VI OFFICERS

The officer(s) of the corporation are:

Bradley S. Cook-- President, Secretary, Treasurer  
1698 Winners Circle  
Tarpon Springs, FL 34689

### ARTICLE VII DIRECTORS

The director(s) of the corporation are:

Bradley S. Cook -- Director  
1698 Winners Circle  
Tarpon Springs, FL 34689

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TALLAHASSEE, FLORIDA

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Signature/Incorporator

05/25/10

Date

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/Registered Agent

05/25/10

Date