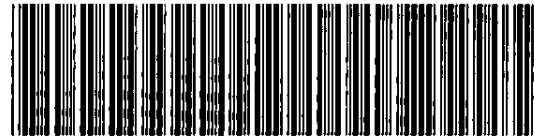


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(Requestor's Name)

(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:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE 1/1/2011

P1  
MRD  
11/8

**COVER LETTER**

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

SUBJECT: OWL VISION OPTICAL, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: CHRISTOPHER J. PEREZ  
Name (Printed or typed)

7853 GUNN HWY SUITE # 178  
Address

TAMPA, FL 33626  
City, State & Zip

1-818-370-4818  
Daytime Telephone number

JURREK@AOL.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: OWL VISION OPTICAL, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7853 GUNN HWY  
SUITE # 178  
TAMPA, FL. 33626

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
OPTICAL STORE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTOPHER J. PEREZ / PR.  
Address: 7853 GUNN HWY SUITE 178  
TAMPA, FL. 33626

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: GEORGE PIOTROWSKI / SEC.  
Address: 7853 GUNN HWY  
SUITE # 178  
TAMPA, FL. 33626

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

EFFECTIVE DATE 1/1/2011

**FILED**  
10 NOV -4 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: CHRISTOPHER J. PEREZ  
Address: 7853 GUNN HWY SUITE 178  
TAMPA, FL 33626

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTOPHER J. PEREZ  
Address: 7853 GUNN HWY SUITE 178  
TAMPA, FL. 33626

**ARTICLE VIII, EFFECTIVE DATE: JANUARY 1, 2011**

*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*

  
Required Signature/Registered Agent

Nov 1st 2010  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

Nov 1st 2010  
Date