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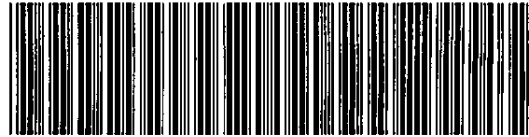
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11/16/10--01021--029 \*\*137.50

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STATE CLERK OF COURT  
DIVISION OF CLERK OF COURT  
2010 NOV 29 PM 4:07

12/2/10

## COVER LETTER

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

SUBJECT: Nichole L. Hruban, P.C.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Nichole L. Hruban  
Name (printed or typed)

4670 Links Village Drive, Unit A505  
Address

Ponce Inlet, Florida 32127  
City, State & Zip

813-545-7041  
Daytime Telephone Number

nlhruban@yahoo.com  
E-mail address: (to be used for future annual report notification)

2010 NOV 29 PM 4: 03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2010

NICHOLE L. HRUBAN  
4670 LINKS VILLAGE DRIVE  
UNIT A505  
PONCE INLET, FL 32127

SUBJECT: NICHOLE L. HRUBAN, P.C.  
Ref. Number: W10000054306

*\* 11/24/10 per  
telephone conversation -  
out of state corporations  
can have P.C. I  
was told to resend  
paperwork  
for processing.*

We have received your document for NICHOLE L. HRUBAN, P.C. and your check(s) totaling \$137.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The only acceptable words for designation as a professional association are PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00027181

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 NOV 29 PM 4:08

RECEIVED  
10 NOV 29 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF DOMESTICATION

The undersigned, Nichole L. Hruban, president,  
(Name) (Title)

of Nichole L. Hruban, P.C. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was January 1, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Indiana.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Nichole L. Hruban, P.C.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Nichole L. Hruban, P.A.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Indiana.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am president, of Nichole L. Hruban, P.C.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 12 day of November, 2010.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Nichole L. Hruban, P.A.

2010 NOV 29 PM 4:08

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

4670 Links Village Drive, Unit A505  
Ponce Inlet, Florida 32127

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED: The practice of Optometry by and through its shareholders, directors, officers, agents, and professional employees, all of whom shall be duly licensed to practice optometry in the State of Florida, all within and subject to the laws of the State of Florida and the rules and regulations controlling the practice of that profession. The corporation may employ ancillary personnel to work under the supervision of the personnel who are licensed to practice that profession.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

The authorized capital stock of the corporation shall consist of 100 shares of common stock without a par value. Such stock shall be issued when paid for in cash, services, real estate or personal property, and shall be issued as fully paid and forever non-assessable.

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Nichole L. Hruban, president  
4670 Links Village Drive, Unit A505  
Ponce Inlet, Florida 32127

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Nichole L. Hruban  
4670 Links Village Drive, Unit A505  
Ponce Inlet, Florida 32127

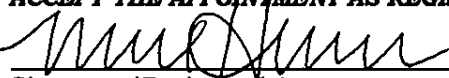
**ARTICLE VII INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Nichole L. Hruban  
4670 Links Village Drive, Unit A505  
Ponce Inlet, Florida 32127

\*\*\*\*\*

**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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
\_\_\_\_\_  
Signature/Registered Agent

11/12/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/12/10  
\_\_\_\_\_  
Date