

P 11000014723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

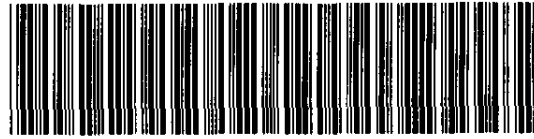
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
11 FEB 11 PM 2:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2011 FEB 11 AM 7:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2/14/11

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JULIO'S EYES OPTICAL INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.06

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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SECRETARY OF STATE
DIVISION OF CORPORATION

Examiner's Initials

JULIO'S EYES OPTICAL INC

ATX1

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: JULIO'S EYES OPTICAL INC

2011 FEB 11 AM 7:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

10225 SW 9TER

MIAMI, FL 33174

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 500 COMMOM STOCKS \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO C VALDES

Address: 10225 SW 9TER

MIAMI, FL 33174

Name and Title: JULIO C VALDES PRESIDENT

Address: 10225 SW 9TER

MIAMI FL 33174

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: JULIO C. VALDES

Address: 10225 SW 9TER

MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULIO C VALDES

Address: 10225 SW 9TER

MIAMI FL 33174

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

Julio C. Valdes
Required Signature/Registered Agent

2/9/2011

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.

Julio C. Valdes
Required Signature/Incorporator

2/9/2011

Date