

# PI10000063334

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
EYE CORNER, INC

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

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**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: **EYE CORNER, INC**

**ARTICLE II PRINCIPAL OFFICE**

Mailing Address

**C/O JACKQUELINE GHEITH  
P.O. BOX 651533  
MIAMI, FL 33265**

Principal Address

**5741 SEMINOLE WAY  
HOLLYWOOD, FL 33314**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: **PRESIDENT-JACKQUELINE GHEITH**  
Address: **5741 SEMINOLE WAY  
HOLLYWOOD, FL 33314**

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

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: **JACKQUELINE GHEITH**  
Address: **5741 SEMINOLE WAY  
HOLLYWOOD, FL 33314**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: **JACKQUELINE GHEITH**  
Address: **5741 SEMINOLE WAY  
HOLLYWOOD, FL 33314**

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

J Gheith

Required Signature/Registered Agent

7-13-11

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.

J Gheith

Required Signature/Incorporator

7-13-11

Date

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