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11 AUG 18 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ophthalmic Associates, 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Cristina Boggiano
Name (Printed or typed)

22570 Blue Marlin Dr.
Address

Boca Raton, FL 33428
City, State & Zip

561-251-7571
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

August 11, 2011

Cristina Boggiano

22570 Blue Marlin Drive

Boca Raton, Florida 33428

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

To Whom it May Concern:

I am contacting you regarding the inactive business Ophthalmic Associates, Inc.

The FEI/EIN Number is 205785102. I have no intentions of revoking that dissolution. I am releasing the name, Ophthalmic Associates, Inc., for use to another entity. Please call me at 561.251.7571 with any questions. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read 'CBoggiano', written in black ink.

Cristina Boggiano

561.251.7571

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:

Ophthalmic Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

22570 Blue Marlin Dr.
Boca Raton FL 33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

staffing agency for ophthalmic personnel

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cristina Boggiano - President

Address: 22570 Blue Marlin Dr.
Boca Raton, FL 33428

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: Cristina Boggiano

Address: 22570 Blue Marlin Dr.
Boca Raton, FL 33428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cristina Boggiano

Address: 22570 Blue Marlin Dr.
Boca Raton FL 33428

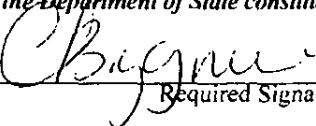
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/11/2011
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.



Required Signature/Incorporator

8/11/2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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