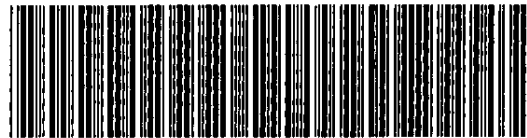


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400211305274

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

09/01/11--01012--014 \*\*78.75

Special Instructions to Filing Officer:

Office Use Only

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 20 PM 2:35

with 45606  
30/2/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 SEP 20 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 2, 2011

MARTHA I MAYORGA  
687 NE 125 ST  
MIAMI, FL 33161

SUBJECT: XPRESS OPTICAL INC  
Ref. Number: W11000045606

We have received your document for XPRESS OPTICAL INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return 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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 311A00020513

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: xpress optical inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
687 ne 125 street  
miami, florida 33161

11 SEP 20 PM 2:35  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
complete, retail optical services,

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Martha L Mayorga psdt	Name and Title: _____
Address: 687 ne 125 street	Address: _____
miami, florida 33161	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Alvin Dlott  
Address: 12858 BISCAYNE BLVD  
N Miami, Florida 33181

12858 BISCAYNE BLVD  
N Miami Florida 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

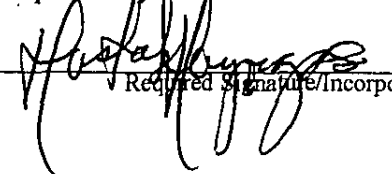
Name: Martha L Mayorga  
Address: 687 NE 125 ST  
Miami, FL 33161

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

09/01/2011  
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

09/01/2011  
Date