## P12000082557

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
· <u></u>			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

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

SUBJECT: Optometry Associ	ates of Brandon, P. A.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the ar	rticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <b>Ken Arena, EA</b> Nan	ne (Printed or typed)
912 Lithia Pinecrest Ro	ad Address
Brandon, FL 33511-61	
(813) 341-2501  Daytime	Telephone number
patty@kenarenatax.con E-mail address: (to be us	n ed for future annual report notification)

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

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

ARTICLE I The name of the o	Optometry Associate corporation shall be:	s of Brandon, P. A.	
ARTICLE II			
**	Principal street address	Mailing	address, if different is:
	1109 Graham Drive		
	Brandon, FL 33511-5835		
ARTICLE III	PURPOSE	<del>-                                    </del>	
	which the corporation is organized is:		
	optometry services permitted under	the laws of the Unite	d States and
the State of			
ARTICLE IV	SHARES		
The number of sh	ares of stock is authorized at two hundred (20	00) shares of common st	ock - each having a \$.01 par
	value per share.		
	INITIAL OFFICERS AND/OR DIRECTO		
Name and Address:	Title: Stephen D. Gres (P/V/S/T/D)		
Address:	1109 Graham Drive Brandon, FL 33511-5835		
	_BIAUUOII, FL_333.LI=3833.		
Nome and	Title.	Name and Title	
Address:	Title:		
Addiess.		Address.	
•			
Nome and "	Title:	Name and Title	
Address:			·
, radioss.			_
ADTICI E IT	DECISTEDED ACENT		
	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Ken Arena. EA	of the registered agent is.	
Address:	912 Lithia Pinecrest Road	<del></del>	2
	Brandon, FL 33511-6121		
	·		
	<u>INCORPORATOR</u>		-1
i ne <u>name and ac</u> Name:	Idress of the Incorporator is:		င္သာ
Address:	Stephen D. Gres 1109 Graham Drive	<del></del>	30 🦸
Address.	Brandon, FL 33511-5835	<del>_</del>	3
	ned as registered agent to accept service of proc am familiar with and accept the appointment as r		
Ken	Clem, EA		September 25,2012
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo 		
2	Required Signature/Incorporator		September 25, 2012
•	Required Signature/Incorporator		Date

**ARTICLES OF INCORPORATION** (IN ACCORDANCE WITH Chapter 607 and/or Chapter 621, F.S. (Profit)

(Continued)

## ARTICLE VIII EFFECTIVE DATE

The effective date of these articles of incorporation is September 25, 2012.