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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : 120370300163
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Eye Mart Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 29 PM 2:17

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15 SEP 29 PM 3:08

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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 MART INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2817 SANDY RIDGE ROAD
GULF BREEZE, FLORIDA 32563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
JENNIFER MARCANIO LEMASTER
2817 SANDY RIDGE ROAD
GULF BREEZE, FLORIDA 32563

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PAGE 2 EYE MART INC

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST PALM BEACH, FLORIDA 33411

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

JENNIFER MARCANIO LEMASTER
2817 SANDY RIDGE ROAD
GULF BREEZE, FLORIDA 32563



SUPERBIZ REGISTERED AGENT, INC. / Registered Agent

09-29-2015

Date

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.



JENNIFER MARCANIO LEMASTER /Incorporator

09-29-15

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.

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