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16 JAN -6 AM 10:20

JAN 22 2016

T. SCOTT

COVER LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: North American Vision Associates, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

D. R. Lucas Tax Associates, Inc.

Name (printed or typed)

106 West Grove Street

Address

Middleboro, MA 02346

City, State & Zip

774-406-0404

Daytime Telephone Number

drlucas@drlucastax.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Cynthia G. Eichelberger, Treasurer,
(Name) (Title)

of North American Vision Associates, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was January 5, 2008.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was WRENTHAM, MASSACHUSETTS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was North American Vision Associates, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is North American Vision Associates, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was PLAINVILLE, MASSACHUSETTS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Treasurer, of North American Vision Associates, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 23rd day of December, 2015.


(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 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: NORTH AMERICAN VISION ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

977 English Town Lane #219

977 English Town Lane #219

Winter Springs, FL 32708

Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the business of optometric dispensary management services,

including management consulting and training.

The corporation may engage in any activity or business permitted

under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 no par value common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President/David P. Eichelberger

Address: 977 English Town Lane #219

Winter Springs, FL 32708

Name and Title: Director/David P. Eichelberger

Address: 977 English Town Lane #219

Winter Springs, FL 32708

Name and Title: Secretary/Cynthia G. Eichelberger

Address: 977 English Town Lane #219

Winter Springs, FL 32708

Name and Title: Director/Cynthia G. Eichelberger

Address: 977 English Town Lane #219

Winter Springs, FL 32708

Name and Title: Treasurer/Cynthia G. Eichelberger

Address: 977 English Town Lane #219

Winter Springs, FL 32708

Name and Title: _____

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: CynthiaG. Eichelberger

Address: 977 EnglishTown Lane#219

Winter Springs,FL 32708

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CynthiaG. Eichelberger

Address: 977 EnglishTown Lane#219

Winter Springs,FL 32708

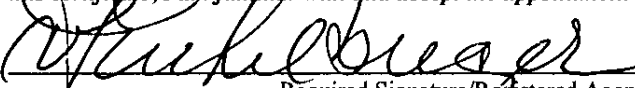
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: DECEMBER30,2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/29/2015

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

12/29/2015

Date