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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*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 OPTIC ONE INC

Certificate of Status	0
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Corporate Filing Menu

Help

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:  One we	_	
The principal street address and mailing address is:  6400 Sw 47h 27  Man Fl 33144		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	ਨੀ	<u> </u>
	JAN 27	17 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	PH 12: 27	OF STATE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:  NIVARDO R PARRA		1 3/2
(0400 SW 4 ST Miami FL 33144		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  NIVARA  ONLY  ONLY		
0400 SW 4 ST Miami FL 33144		

## Required Signatures:

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

Registered Agent 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 \$\infty\$17.155, F.S.

Incorporator

Date

ON CONCORATIONS