



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Hibiscus Eyes, Inc
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: _____ ☒ Certified Copy ☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

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: HIBISCUS EYES, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
6254 SW 8TH STREET SUITE 7

MIAMI, FL 33144

Mailing address, if different is:

6254 SW 8TH STREET SUITE 7

MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES PARVALUE \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO DE LA FUENTE. PD

Name and Title: _____

Address 2780 NE 183 STREET

Address: _____

AVENTURA , FL 33160

Name and Title: BRUNO ANGELO VLAHOIANNIS. VP

Name and Title: _____

Address 525 79TH STREET APT 6

Address: _____

MIAMI BEACH, FL 33139

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: _____ ROBERTO DE LA FUENTE

Address: _____ 2780 NE 183 STREET

_____ AVENTURA , FL 33160

ARTICLE VII INCORPORATOR

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

Name: _____ ROBERTO DE LA FUENTE

Address: _____ 2780 NE 183 STREET

_____ AVENTURA , FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

02/05/2016

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

02/05/2016

Date

16 FEB -9 PM 1:32
STATE
OF FLORIDA