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(Business Entity Name)

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16 AUG -4 PM 3:01
SEAL UNIT OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: OPHTHALMIC Equipment Specialists Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: GARY D. BROWN JR
Name (Printed or typed)

7851 Roundbay DR
Address

Newport Richey FL 34654
City, State & Zip

727-946-0266
Daytime Telephone number

dbrown@myeyeequipment.com
E-mail address: (to be used 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 NAME

The name of the corporation shall be: OPhThalmlc Equipment Specialists Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7851 Roundway Dr
NPR FL 34654

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Sell New and Pre Owned oPhThalmlc Equipment

16 AUG - 11 PM 3:01
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title: GARY D. BROWN JR Name and Title: _____

Address: 7851 Roundway Dr Address: _____

NPR FL 34654

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: GARY D BROWN JR
Address: 7851 Roundelay Dr
NPR. FL. 34654

16 AUG -4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: GARY D. BROWN JR
Address: 7851 Roundelay Dr
NPR. FL. 34654


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/1/16 (OPTIONAL)

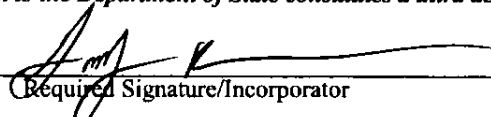
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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 8/1/16 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 8/1/16 Date