

P16000084466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

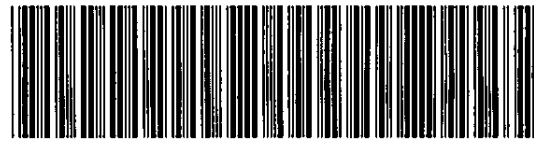
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6116-63383

Office Use Only



900289732219

09/06/16--01006--011 **78.75

FILED
2016 OCT 17 AM 7:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 20 2016

COVER LETTER

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

SUBJECT: Perfect Vision, Inc.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Merryl S Koplo, OD

Name (Printed or typed)

Dania Eye Center, 599 S Federal Highway, Suite 102

Address

Dania Beach, FL 33004

City, State & Zip

954-927-2020

Daytime Telephone number

mkoplo@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2016

MERRYL S KOPLO, OD
DANIA EYE CENTER
599 S FEDERAL HIGHWAY, SUITE 102
DANIA BEACH, FL 33004

SUBJECT: PERFECT VISION, INC.
Ref. Number: W16000063383

We have received your document for PERFECT VISION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00019536



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2016

MERRYL S KOPLO, OD
DANIA EYE CENTER
599 S FEDERAL HIGHWAY, SUITE 102
DANIA BEACH, FL 33004

SUBJECT: ISIGHT, INC.
Ref. Number: W16000067957

We have received your document for ISIGHT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 616A00021249

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: ~~Perfect Vision, Inc.~~

~~iSight, Inc.~~ Insight Vision, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Dania Eve Center

599 South Federal Highway, Suite 102

Dania Beach, FL 33004

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Optometric Practice

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Merryl S Koplo OD President

Name and Title:

Address 550 NE 15th Court

Address:

Fort Lauderdale, FL 33304

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2016 OCT 17 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: 1 Sight, Inc. (MCK) Name and Title: 2016 OCT 17 AM 7:49
Address: 599 South Federal Hwy Address: SECRETARY OF STATE
Suite 102 TALLAHASSEE, FLORIDA
Dania Beach, FL 33004

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Merryl S Koplo, OD
Address: Dania Eye Center, 599 S Federal Hwy, Ste 102
Dania Beach, FL 33004

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Merryl S Koplo, OD
Address: Dania Eye Center, 599 S Federal Hwy, Ste 102
Dania Beach, FL 33004

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

Merryl S Koplo OD 09/01/2016
Required Signature/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 s.817.155, F.S.

Merryl S Koplo OD 09/01/2016
Required Signature/Incorporator Date