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**Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
FORT MYERS VISION INSTITUTE INC**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Fort Myers Vision Institute Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4531 Deleon Street Suite 207  
Fort Myers, FL 33907**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Luis Eslen Machado (P)  
  
  
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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

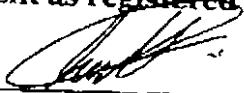
Luis Eslen Machado  
4531 Deleon Street Suite 207  
Fort Myers FL 33907**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Luis Eslen Machado  
4531 Deleon Street Suite 207  
Fort Myers FL 33907

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**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 s.817.155, F.S.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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