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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OPTIC, INC.

Signature _____

Requested by: Seth

01/07/19

Name _____

Date _____

Time _____

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____ Art of Inc. File _____
____ LTD Partnership File _____
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COVER LETTER

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

SUBJECT: OPTIC 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: ROBERT TARABOULOS, CPA

Name (Printed or typed)

9300 S DADELAND BLVD STE 600

Address

MIAMI FL 33156

City, State & Zip

305-670-3370

Daytime Telephone number

RTARABOULOS@KSDT-CPA.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: OPTIC, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
14980 BEL AIRE DRIVE SOUTH
PEMBROKE PINES, FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVE FEINBERG, P

Address: 14980 BEL AIRE DRIVE SOUTH
PEMBROKE PINES, FL 33027

Name and Title: _____

Address: _____

Name and Title: JUSEPET RODRIGUEZ, VP

Address: 1 WEST STREET # 2133
NEW YORK, NY 10004

Name and Title: _____

Address: _____

Name and Title: LEONARDO RODRIGUEZ, TREASURER

Address: 227 67TH STREET APT D2
WEST NEW YORK, NY 07093

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: KSDT & COMPANY

Address: 9300 S DADELAND BLVD STE 600

MIAMI, FL 33156

ARTICLE VII INCORPORATOR

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

Name: ROBERT TARABOULOS, CPA

Address: 9300 S DADELAND BLVD STE 600

MIAMI, FL 33156

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/04/2019 (OPTIONAL)

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

RS

Required Signature/Registered Agent

01/04/2019
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.

RS

Required Signature/Incorporator

01/04/2019
Date