Pa0000090683

(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.				

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2020 NOV 23 PM 2: 18

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/23/20

NAME:

FIRST EYE, INC

TYPE OF FILING: ARTICLES

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

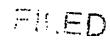
applie todge

COVER LETTER

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

SUBJECT: Firs	t Eye, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 REQUI	
	teven Shapiro Name 355 Topanga Ca	e (Printed or typed) nyon Blvd., S	 Suite 500
		Address	
V	oodland Hills, C	A 91367	
	City,	State & Zip	
8	18-264-0505		
	Daytime T	elephone number	
sl	shapiro@sls-cpa	.com	
	E-mail address: (to be use	d for future annual report r	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)
2020 NOV 23 IM

TICLE I NAME	tion shall be: First Eye, Inc.	2020 NUV 23 AM 10: 15
	<u>CIPAL OFFICE</u> Principal street address	SECRETARY OF STATE TALLAHASSEE, FL Mailing address, if different is:
Helmsley Circle		
nere, FL 34786		
ICLE III PURP		
· -	the corporation is organized is: t or activity for which a corporation may	be organized under the Corporation Laws of Flori
-		
	Patrick Dancy, Preisdent	Name and Title:
Address	6769 Helmsley Circle	Address:
	Windmere, FL 34786	
Name and Title	; <u></u>	Name and Title:
Address		Address:
	·	
Name and Title	:	Name and Title:
Address		Address:

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Steven Shapiro		
Address:	6769 Helmsley Circle		
	Windmere, FL 34786	202 TE	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	SECRETARY OF STATE TALLAHASSEE, FL	
The <u>name and</u>	address of the Incorporator is:		(
Name:	Steven Shapiro	S E	Ĩ
Address:	6355 Topanga Canyon Blvd., Suite 500	FL	
	Woodland Hills, CA 91367		
Effective date, (If an effective filing.) Note: If the da	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and canno te inserted in this block does not meet the applicable effective date on the Department of State's records.		
	imed as registered agent to accept service of process for familiar with and accept the appointment as register	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity	
Stor L Shem		11/20/2020	
	Required Signature/Registered Agent	Date	
	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a as provided for in s.817.155, F.S.	
SE	LSR ani	11/20/2020	
Required Signa	ture/Incorporator	Date	