THASMITLL LITTE

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

CANADA THE PROPERTY OF THE PRO

		S, O.D., P.A. name - must include su	<u>4000</u> 0 1/25/95	1388744 5 01018 00
Enclosed is an origina for :	l and one (1) cop \$78.75 Filing Fee & Certificate	y of the articles of \$122.50 Filing Fee & Certified Copy	incorporation an \$131.25 Filing Fee, Certified Copy & Certificate	d a check
FROM:	204 STAT ST. AUGU Cit	(printed or typed) E ROAD 312 Address STINE, FL 320 ry, State & Zip	86	FILED 95 JAN 25 AN IN 13 SECRETARY OF CLATE TALLAHASSEE, FLORIDA
	Daytime	Telephone number		

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

T. BROWN JAN 2 7 1995

ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WILLIAM F. MILES, O.D., P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

204 STATE ROAD 312 ST. AUGUSTINE, FL 32086

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES COMMON STOCK \$1 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM F. MILES
204 STATE ROAD 312
ST. AUGUSTINE, FL 32086

ARTICLE V INCORPORATORISI

	oot address(e	is) of the in	corpo	rator(s) to these Articles of Incorpora-
tion is(are):	WILLIA	M F. MILI	ES	
		1A SOUTH		
	ST. AU	GUSTINE,	FL	32086
	ARTICL	E VI	PURF	POSE
for the purpose diseases, preso	of givineribing med	g eye exa dication	ams, and	ing a Professional Association diagnosing and treating eye corrective lenses and all other practice of Optometry.
	ARTICL	E VII	FILI	NG STATUTE
Corporation pur	incorporation	ator is i	filin ida P	ng a Professional Service Professional Service Act
(F.S. 621).				
The undersigned inc	orporator(s) h	as(have) ex	xecute	ed these Articles of Incorporation this
				,
21st	day of	JANUARY	!	19 <u>95</u>
	-,- ,	Signal	ture	
		_		
		Signat	ture	
11 1		. I		
でんし !				PRESIDENT

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WILLIAM F. MILES, O.D., P.A.
2. The name and address of the registered agent and office is:
WILLIAM F. MILES
(Name)
204 STATE ROAD 312
(P.O. Box not acceptable)
ST. AUGUSTINE, FL 32086
(City/State/Zip) 夏で、こ
Having been named as registered agent and to accept service of process for the
above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position
as registered agent.
JANUARY 21, 1995 (Signature) (Date)