TRANSMITTAL LETTER Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700001447447 -04/05/95--01003--007 *****70.00 *****70.00 Magie , International optical supplies, inc. SUBJECT: (Proplaced corporate name imust include, suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for : [∑] \$70.00 \$78.75 \$122.50 \$131.25 . Filina Fee Filing Fee Filing Fee, Certified Copy & Certificate Filing Fee & Certificate & Certified Copy Additional Copy Required Magda 5. AttiA Name (printed or typed) FROM: Old town shopping Center - Hwy 3495. Dixie county Address P.O. Box 219 - Old town, f132 650 City, State & Zip (904) 542-7400 Daytime Tejephone number ab NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 7, 1995

MAGDA S. ATTIA POST OFFICE BOX 219 OLD TOWN, FL 32680

SUBJECT: MAGIE INTERNAT'ONAL OPTICAL SUPPLIES, INC. Ref. Number: W95000007535

We have received your document for MAGIE INTERNATIONAL OPTICAL SUPPLIES, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PAGE TWO OF YOUR ARTICLES IS MISSING.

The document must state the number of shares of authorized stock.

Please return 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 (904) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 095A00015924

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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 | NAME

The name of the corporation shall be:

Magie. International optical supplies, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Old town shopping Center, Hwy 349 5. Old town, fl p.o Box 219_old town, fl 32680

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

old town shopping Center, Hwy 349 S. Old town, F132680 Magda S. AttiA.

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

- magda 5. AttiA - River view drive old town, f132600

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

First day of April 19.95.

agda S. Atta	Mago
ð Sighature	<u> </u>
NIA	
Signature	
NIA	
Signature	,, _,, _

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: Mayie, Enternitional optical supplies inc.			
2. The name and address of the registered agent and office is:			
Magda S. AtriA			

(Name) Old town shopping Center, HW4 349 N. old town, f13280 (P.O. Box or Mail Drop Box NOI acceptable) PoiBox 219 old town, F132650

(City/State/Zip)

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 to comply with the provisions of all statutes relating to the proper and complete per-formance of my duties, and I am familiar with and accept the obligations of my posi-tion as registered agent.

<u>Magda SAtta</u> (Signature)

4/1/95

(Date)

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2/13/21		Office Use Only		
	0746 ST:FL ACTIVE/F S52	PROFIT FLD:		
NAME : MAGIE INTERNATIONAL OPTICAL SUPPLIES, INC , PRINCIPAL: OLD TOWN SHOPPING CENTER, HIGHWAY 349 NO.				
	D TOWN, FL 32680 ST OFFICE BOX 219			
2. ADDRESS OL	D TOWN, FL 32680	fa da sera de anti-sera de la composición de la		
RA ADDR : OL	D TOWN SHOPPING CEN D TOWN FL 32680 US	TER. HIGHWAY 349 NO.		
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NEW FILINGS	AMENDMENTS	The S		
Profit	Amendment	97 FEB 14 NH 9: 09 97 FEB 14 NH 9: 09 SECRETINEY OF STATE TALLAHASSEE, FLORIDA		
NonProfit	Resignation of R.A., Officer/ Direc	ior Hill Contraction		
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Examiner's Initials

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF MAGIE INTERNATIONAL SUPPLIES INC c OPTICAC (present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

1. THE NAME OF THE CORPORATION SHALL BE MADIE INTERNATION AL EXPORT, IMPORT, INC.

60 :6 H

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

. THIRD: The date of each amendment's adoption: _____AUVARY 21, 1997 FOURTH: Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved by the shareholders. The number of votes cast **M** for the amendment(s) was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Signed this _____ day of _____ January /21____, 19_97____. Altia Signature . (By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders) OR (By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

MACINE SAMITE Typed'or printed name CHMILMAN