

P9500056836  
TRANSMITTAL LETTER

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

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SUBJECT: PROPOSED CORPORATE NAME  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 10.00.

FROM:

GOVERNMENT  
PROPOSED CORPORATE NAME  
Name  
1000 E. 10th Street, Tallahassee, FL 32310  
Address  
1000 E. 10th Street, Tallahassee, FL 32310  
City, State, & Zip  
(907) 477-6810  
Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

**ARTICLES OF INCORPORATION**

**OF**

TOODLES OPTICAL INC

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:

TOODLES OPTICAL INC

**ARTICLE II PRINCIPAL OFFICE**

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

9070 KIMBERLY BLVD #27 SUITE 140  
BOCA RATON, FLORIDA 33434

**ARTICLE III CAPITAL STOCK**

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

20

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

PAULA GOLDMAN  
9070 KIMBERLY BLVD #27  
SUITE 140  
BOCA RATON, FLORIDA

**ARTICLE V INCORPORATOR(S)**

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

PAULA GOLDMAN  
9070 KIMBERLY BLVD # 21  
SUITE 140  
BOCA RATON, FLORIDA 33434

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

17<sup>TH</sup> day of JULY, 19 95.

✓ Paula Goldman PRESIDENT  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: 700 DUES OPTICAL, INC.

2. The name and address of the registered agent and office is:

PAULA GOLDMAN  
(NAME)

9070 KIMBERLY BLVD # 27 SUITE 140  
(P.O. BOX NOT ACCEPTABLE)

BOCA RATON, FLORIDA 33434  
(CITY/STATE/ZIP)

SIGNATURE Paula Goldman  
(corporate officer)

TITLE PRESIDENT

DATE \_\_\_\_\_

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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Paula Goldman  
DATE 7/17/95