

895000068524

9-5-95 Mr Gonzalez #458
Requestor's Name: Donald Gonzalez
Address: 9050 Pines Road
Pembroke Pines, FL 33025
City State Zip Phone: 432-1699

VALIDATION ONLY

FILED
1995 SEP -6 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION(S) NAME

MARIO CAREAMO, P.A.

RECEIVED
95 SEP -6 PM 1:19
DIVISION OF CORPORATIONS



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
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- Reservation
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- Will Wait
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- Mark
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- Certificate Under Seal
- After 4:30
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| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |

CERTIFIED COPY

R CHESSEY SEP 6 1995

CERTIFICATE OF INCORPORATION
OF
MARIO CARCAMO P.A.

The undersigned subscribers to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I
NAME

The name of this corporation is Mario Carcamo P.A.

ARTICLE II
GENERAL NATURE OF BUSINESS

The corporation will provide an optometry practice as permitted by the laws of the United States and of the State of Florida.

ARTICLE III
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V
TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI
ADDRESS

The initial office address of the principal office of this corporation in the State of Florida is 234 NW 136 Place, Miami, Florida 33182. The Board of Directors may from time to time move the principal office to another address in Florida.

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TALLAHASSEE, FLORIDA

ARTICLE VII
DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-Laws adopted by the stockholders, but shall never be less than one.

NAME

ADDRESS

Mario Carcamo, President/Secretary

234 NW 136th Place
Miami, Fl. 33182

ARTICLE VIII
SUBSCRIBER

The name and post office address of the subscriber of these Articles of Incorporation, the number of shares of stock that he agrees to take and the value of the consideration therefore is:

NAME

ADDRESS

SHARES

CONSIDERATION

Mario Carcamo

234 NW 136th Place
Miami, Fl. 33182

100

\$100.00

ARTICLE IX
AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation made.

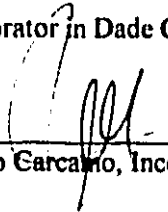
ARTICLE X
REGISTERED OFFICE AND REGISTERED AGENT

That Mario Carcamo, P.A., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the City of Miami, County of Dade, State of Florida, hereby designates Don Gonzalez as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 9050 Pines Blvd. , Suite 450, Pembroke Pines, Fl. 33024.

**ARTICLE XI
PROFESSIONAL SERVICES**

The professional services of the Corporation shall be rendered only through Officers, employees, and agents who are duly licensed or otherwise legally authorized to practice optometry within the State of Florida. Professional services shall be rendered in each case by the officer, employee, or agent designated solely by this Corporation, acting through its duly elected officers. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of Optometry practice.

WITNESS the hand and seal of the incorporator in Dade County, State of Florida, this 29 day of Aug, 1995.

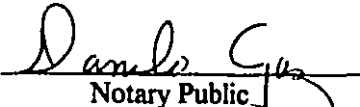


Mario Garcia, Incorporator

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, that MARIO CARCAMO who is personally known to me/who presented the following identification PERSONALLY, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal at the County of DADE, this 29 day of Aug, 1995.



Notary Public



DANILO GONZALEZ
My Commission CC290388
Expires Jun. 29, 1997
Bonded by HAJ
800-422-1000


My Commission expires

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST: That Mario Carcamo, P.A., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has Don Gonzalez as its Agent to accept service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


Don Gonzalez

Date: August 29, 1995

FILED
1995 SEP - 6 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 SEP 30 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000068524**

1 Corporation Name
MARIO CARCAMO P.A.

Principal Place of Business Mailing Address
234 NW 136 PLACE MIAMI FL 33182



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

REINSTATEMENT 96
Date Incorporated or To Do Business in Florida **00/06/1995**

5. FEI Number **65-0618145**
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED SR 75

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PSD | CARCAMO, MARIO | 234 NW 136 PLACE | MIAMI FL 33182 |
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***375.00 ***275.00

8/21/96

8. Name and Address of Current Registered Agent

GONZALEZ, DON
9050 PINES BLVD SUITE 450
PEMBROKE PINES FL 33024

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed and registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Don Gonzalez*
REGISTERED AGENT MUST SIGN

Date **9-20-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPE BELOW PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96 **569-6758**
Date Daytime Phone #

CR2E040 (7/96)