# P96000008663

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

SUBJECT: EYE CARE	CENTERS IN	c.		
		name - must include su	flix)	
Enclosed is an original for :  \$70.00 Filing Fee	l and one (1) co \$78.75 Filing Fee	py of the articles o	f incorporation a	and a check
	& Certificate	& Certified Copy	Certified Copy & Certificate	
		Additional Cop		
FROM:	Eva Katz	man		
	Name	(printed or typed)		
	P.O. Box	20006	_	
	<u> </u>	Address		
	Tampa, F	1 33622-0006	30 -01/ ****	<b>                                    </b>
	Cit	y, State & Zip		
	305-726-	0325		
	Daytime	Telephone number		
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G3 1/24/96

## ARTICLES OF INCORPORATION

96 JAN 21, AH 10: 09

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:

EYE CARE CENTERS, INC.

## ARTICLE II PRINCIPAL OFFICE

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

7211 N. DALE MABRY, TAMPA, FL

SUITE 108

mailing address: P.O. BOX 20006, TAMPA, FL 33622-0006

#### ARTICLE III SHARES

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

10,000 shares of \$.01 par value common stock.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John H. Fisher II Broad and Cassel Attorneys at Law 100 N. Tampa Street, Suite 3500 Tampa, Fl 33601-3310

# ARTICLE V INCORPORATOR(5) See instructions for officers/directors

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

Eva Katzman 9335 Wedgewood Drivo Tamarac, Fl 33321

I ne undersi	gned incorporator(s) has(hav	<ul><li>e) executed these Articles of Incorporation this</li></ul>
<u>18</u> d	ay of <u>January</u>	, 19 <u>96</u> .
	× Eva 1/2	ateman
		Signature
		Signature
		Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF 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:	FYE CARE CENTERS INC.	<del>, , , , , , , , , , , , , , , , , , , </del>				
2.	The name and address of the registered agent and office is:						
	John . F	'isher II (NAME)	Po	95 J/	الياني.		

	111	O1	
(Name)	<del></del>	WF	<u>[1]</u>
Broad and Cassel (Attorneyat Law)	411	==	1.00
100 N. Tampa St, Suite. 3500		12	* ****
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	— <u>(fi</u>		
•,	-11 ****i	7	
Tampa, Fl 33601-3310		ඩ <u>ඩ</u>	
(CITY/STATE/ZIP)	- 증류	હેં	

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.

| 1/17/96 | 1/17/96 | (Date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314