# P9700011773

97 FEB - 3 PH 4: 21

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

700002076767--2 -02/04/97--01072--006 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	VISION MANAGEMENT, INC. (Proposed corporate name - must include suffix)
Enclosed is an originator:	al and one (1) copy of the articles of incorporation and a check  \$78.75 \$122.50 \$131.25
FROM	KIM SCORATOW  Name (printed or typed)  11810 NE 19 DR. #.4  Address
	N. M/A FL 33181  City, State & Zip  305 - 892 - 6063  Daytime Telephone number

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

FIFD

#### ARTICLES OF INCORPORATION 97 FEB -3 PM 4: 21

TALLAMASUEL FLORIDA

OF

VISION MANAGEMENT, 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:

VISION MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

N. MIAMI FL 33181
ARTICLE III SHARES

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

100

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KIM SCORATOW 11810 NE 19 DR. #4 N. MIAMI, FL 33181

#### ARTICLE V INCORPORATOR(S)

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

KIM SCORATOW 11810 NE 19 DR #4 N.MIAMI, FL 33181

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

JANUARY 19 97.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

### CERTIFICATE OF DESIGNATION OF

97 FEB - 3 PH 4: 21

## REGISTERED AGENT/REGISTERED OFFICE TALLAHASSEE, FLORIDA

1.	The name of the corporation is:_	VISION	MANAGEMENT, INC.		
2.	The name and address of the re	gistered agent and	office is:		
	KIM	SCOTLATION	<u>.                                    </u>		
		(Name)			
		NE 19 DI			
(P.O. Box <u>not</u> acceptable)					
	N.M		33181		
	(City/State/Zip)				
			•		
H ai th to	laving been named as registered of the stated corporation at the plante appointment as registered age to comply with the provisions of all bance of my duties, and I am familias registered agent.	agent and to acceptice designated in the standagree to act statutes relating to ar with and accept	It service of process for the nis certificate, I hereby accept in this capacity. I further agree the proper and complete perfor- the obligations of my position		