

OFFICE USE ONLY Document

HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EYE VIEW OPTICAL, INC.  
(Corporation Name) (Document #) 100002556841--0  
-06/11/98--01070--010
2. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*122.50 \*\*\*122.50
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
FILED  
98 JUN 11 AM 11:30  
98 JUN 11 PM 1:45  
DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

# 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 I    NAME

The name of the corporation shall be:

EYE VIEW OPTICAL, INC

FILED  
98 JUN 11 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II    PRINCIPAL OFFICE

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

1423 SW 107 Ave  
MIAMI FL, 33174

## ARTICLE III    SHARES

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

500 Shares

## ARTICLE IV    INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William Riera  
15108 SW 104 St #711  
MIAMI FL, 33196

**ARTICLE V INCORPORATOR(S)**

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

William Riera  
15108 SW 104 St #711  
MIAMI FL, 33196

**ARTICLE VI DIRECTOR(S)**

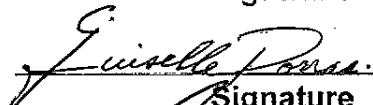
The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):


(President) William Riera      Guiselle Porras (Vice President)  
15108 SW 104 ST #711      200 SUR LA COSECHA SABANILLA  
MIAMI FL, 33196      MONTES DE OCA, SAN JOSE  
   COSTA RICA

(Sec.) Jessica Riera  
15108 SW 104 ST #711  
MIAMI FL, 33196

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of June, 19 98.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

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

Pursuant to the provisions of sections 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: EYE VIEW OPTICAL, INC
2. The name and address of the registered agent and office is:  
William Riera  
**(NAME)**  
15108 SW 104 ST #711  
**(P.O. BOX NOT ACCEPTABLE)**  
MIAMI, FL 33196  
**(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 PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

*William Riera*

DATE

June 8, 1998

**FILED**  
98 JUN 11 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT FILING FEE: \$35.00