099000001717

VISION HEALTH INC.

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700002577467---5 -07/01798--01049--014 ******78.75 *****78.75

(Proposed corpor	rate name - must include		-
nd one(1) copy of the article	s of incorporation and	a check for:	
_/			
Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
	ADDITIONAL (COPY REQUIRED	_
ANTHONY Named (P	MONTEUA rinted or typed)	(()	
2614 NW	68th TEN	NACE FOR	모 및 및 및
NLARGATE	ROUDA	330cs 5m	GAVE
(Orth 91)	State & Zip	AUTHORIZATION BY	PHONE TO
Daytime T	elephone number	CORRECT_RA QO	
		LA	78
		DOC. EXAM	2 / 1
	and one(1) copy of the article 278.75 Filing Fee & Certificate ANTHONY Name (P) Name (P) City, (954) 94	and one(1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate ADDITIONAL OF Name (Printed or typed)	Filing Fee & Certified Copy & Certified Copy & Certificate ADDITIONAL COPY RECTIFIED & ADDITIONAL COP

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 2, 1998

ANTHONY MONTELLA 2614 N.W. 68TH TERR. MARGATE, FL 33063

SUBJECT: VISION HEALTH INC. Ref. Number: W98000015216

We have received your document for VISION HEALTH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Batten Document Specialist

Letter Number: 798A00035955

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VISION HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

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

2614 NW 68th TERLACE WALCOME PL 33063

ARTICLE III SHARES

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

ARTICLE IV	INTTIAL	REGISTERED	AGENT ANI	STREET	ADDRESS

The name and Florida street address of the initial registered agent are:

ANTHONY MONTENIA 2614 NW 68th TENNACE MANGENTE FC 33063

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANTHOMY MONTELLA 2614 NW 68th TENNOLE MANCESTE FL. 33063

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date