

P98000064895

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 23 PM 2:24



MillenniumHealthCard™  
PO Box 551700  
Jacksonville, FL 32255-1700

700002585227-- 1  
-07/10/98--01051--018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

City/State/Zip

Phone #

Office Use Only

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

1. Contact Less Store Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | NonProfit         |
|             | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |  |
|------------|--|
|            | Amendment                              |
|            | Resignation of R.A., Officer/ Director |
|            | Change of Registered Agent             |
|            | Dissolution/Withdrawal                 |
|            | Merger                                 |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Report    |
|               | Fictitious Name  |
|               | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
|                                | Foreign             |
|                                | Limited Partnership |
|                                | Reinstatement       |
|                                | Trademark           |
|                                | Other               |

789,135,2551,2550  
W/98-15857



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 14, 1998

MILLENNIUM HEALTH CARD  
POST OFFICE BOX 551700  
JACKSONVILLE, FL 32255-1700

SUBJECT: CONTACT LENS STORE INC.  
Ref. Number: W98000015857

We have received your document for CONTACT LENS STORE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

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) 487-6972.

Doris Brown  
Document Specialist

Letter Number: 998A00037303

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JUL 23 PM 2:24

## 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:

Contact Lens Store, Inc.

### **ARTICLE II    PRINCIPAL OFFICE**

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

9424 Baymeadows Road Suite 200  
Jacksonville, FL 32256

### **ARTICLE III    SHARES**

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

1,500 No Par Value

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

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

9424 Baymeadows Road Suite 200      MICHAEL MATZA  
Jacksonville, FL 32256

### **ARTICLE V    INCORPORATOR**

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

Susan Kaplan  
9 Grand Cove Way  
Edgewater, NJ 07020

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

Pursuant to the provisions of Section 607.325, 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: Contact Lens Store Inc

2. The name and address of the registered agent and office is:

Michael Matza 9424 Bay Meadows Road  
(P.O. BOX NOT ACCEPTABLE)  
Jacksonville, Florida 32256  
(CITY/STATE/ZIP)

SIGNATURE Sam Kaplan  
(corporate officer) / INCORPORATOR

TITLE Pres/Sec

DATE 7/2/98

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, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE W.R.H.

DATE 7/7/98

REGISTERED AGENT FILING FEE: \$20.00