MILLENNIUM HEALTH CARD

Aslam Ray Raza Vice President, Finance Ph (904) 394-4448 Fax (904) 394-4402

July 21, 1998

Ms. Doris Brown
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

800002585228—-0 -07/10/93--01051--019 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Please accept my apology for submitting illegible documents for Starr Eyes, Inc. and Contact Lens Store, Inc. Enclosed are the typed forms for both corporations. The principals of these two businesses are out of town for few weeks and I was unable to acquire their signatures on the new forms. In the meantime, I have enclosed the old forms that have been signed and notarized. I hope this will be sufficient for you to process the applications.

If you need any additional information please call me at 904-394-4448 directly.

Thank you for your assistance.

Best regards,

Aslam Ray Raxa

23 PH 2: 25

789,135,3551,3550 N/98-15858



## 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: STARR EYES INC. Ref. Number: W98000015858

We have received your document for STARR EYES 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.

Letter Number: 698A00037304

Doris Brown Document Specialist

# DIVISION OF CORPORATIONS 98 JUL 23 PM 2:25

#### 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:

Starr Eyes, 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: Star Exes Inc.
2. The name and address of the registered agent and office is:
Michael Matza 9434 Bay Meadows Road (P.O. BOX NOT ACCEPTABLE)
(P.O. BOX NOT ACCEPTABLE)
Jacksonville French 35555. (CITY/STATE/ZIP)
(CITY/STATE/ZIP)
SIGNATURE CORPORATOR (CORPORATOR) / INCORPORATOR
TITLE Rues Sec
DATE 7/298
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
DATE 7/7/98