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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:	FIELDS OF VIS	ION, Inc. ate name - must include suff	-08/11/98	- :024 1 :058010 *****78.75
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: RUSSELL E. Grace Name (Printed or typed)				
1355 MARKET STREET #A10-2				
TAUAHASSEE, FL 32312 City, State & Zip				
City, State & Zip (850) 894-5596 Daytime Telephone numbered Valuable 1935 No. 100 No. 151 No. 150 No. 151 N				
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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 FIELDS OF VISION, INC.

The Federal Employment Identification Number is 59-3458813.

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Article II Principal Office

The principal place of business and mailing address for this corporation shall be 1355 Market Street #A10-2, Tallahassee, Florida 32312.

Article III. Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) at one dollar (\$1.00) per share.

Article IV Initial Registered Agent and Street Address

The name and street address of the initial registered agent are Russell E. Grace, 1355 Market Street #A10-2, Tallahassee, Florida 32312.

Article V Incorporators

The name and address of the incorporator to these Articles of Incorporation are Russell E.

Grace, 1355 Market Street #A10-2, Tallahassee, Florida 32312.

Signature of Incorporator

Date of Signature

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 obligation of my position as registered agent.

Signature of Registered Agent

Date of Signature