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TRANSMITTAL LETTER

FILED

99 SEP -2 PM 3: 25

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300002976799--4
-09/02/99--01039--019
*****70.00 *****70.00

SUBJECT: e-sight.net, inc.

(Proposed corporate name - must include suffix)

(NOTE: It is intended that this corporate name be in lower case letters)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Dr. Jill S. Anderson, O.D.

Name (Printed or typed)

4400 Bayou Blvd. Suite 10-B

Address

Pensacola, FL 32503

City, State & Zip

(850) 479-7379

Daytime Telephone number

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

PA 9/9/99 ✓

ARTICLES OF INCORPORATION

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

STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the corporation shall be: e-sight.net,inc.

(Note: It is intended that this corporate name be in lower case letters.)

ARTICLE II

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

4400 Bayou Blvd.
Suite 10-B
Pensacola, FL 32503

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000.

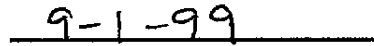
ARTICLE IV

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

Dr. Jill S. Anderson, O.D.
4400 Bayou Blvd.
Suite 10-B
Pensacola, FL 32503

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

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

President:

**Dr. Jill S. Anderson, O.D.
3655 Flintwood Circle
Pensacola, FL 32504**




Signature/Incorporator
9-1-99

Date

Vice President/Treasurer

**Philip H. Anderson
3655 Flintwood Circle
Pensacola, FL 32504**




Signature/Incorporator
9-1-99

Date

Secretary

**Linda B. Coleman
5667 Culpepper Circle
Pace, FL 32571**




Signature/Incorporator
09/01/99

Date

Vice President

**Tommy C. Coleman
5667 Culpepper Circle
Pace, FL 32571**

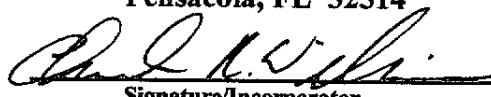


Signature/Incorporator
9-1-99

Date

Vice President

**Charles R. Williams
1953 Northcross Lane #173
Pensacola, FL 32514**



Signature/Incorporator
9/1/99

Date