

TRANSMITTAL LETTER

P99000105346

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

500003058845-8
-12/02/99-01053-008
*****87.50*****87.50

SUBJECT: EYETECH VISION CENTERS, INC.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ELIOT GELBER
Name (Printed or typed)

619 NW 12 AVE
Address

MIAMI FL 33136
City, State & Zip

305-326-0260
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC -2 PM 1:38

FILED

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

aj 12/6

**ARTICLES OF INCORPORATION FOR
EYETECH VISION CENTERS, INC.**

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:

EYETECH VISION CENTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

619 N.W. 12th Avenue, Miami, Florida 33136

ARTICLE III SHARES

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

10,000 shares at a par value of \$0.10 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Eliot D. Gelber, 619 N.W. 12th Avenue, Miami, Florida 33136

ARTICLE V INCORPORATOR

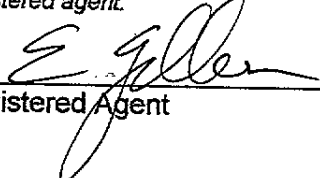
The name and address of the incorporator to the Articles of Incorporation are:

Eliot D. Gelber, 619 N.W. 12th Avenue, Miami, Florida 33136


Incorporator

11/23/99
Date

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 am familiar with and accept the obligations of my position as registered agent.


Registered Agent

11/23/99
Date

FILED
99 DEC -2 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA