

# P09000028958

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000074149 3))



H090000741493ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

APPROVED  
AND  
FILED  
09 MAR 30 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA PROFIT/NON PROFIT CORPORATION

### MAC DILL EYE CARE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
DEPARTMENT OF STATE  
09 MAR 30 PM 3:16

Electronic Filing Menu

Corporate Filing Menu

Help

APPROVED  
AND  
FILED

09 MAR 30 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

MAC DILL EYE CARE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MAC DILL EYE CARE INC.

The principal place of business of this corporation shall be:

3108 N.Boundary Rd.926  
Tampa,Fl.33621

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State,the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

DAVID M. MONBECK	DIRECTOR
2911 W.Marlin Ave.	
Tampa, FL. 33611	

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

DAVID M. MONBECK	PRESIDENT, SECRETARY & TREASURER
2911 W.Marlin Ave.	100 shares
Tampa, FL. 33611	

The undersigned has (have) executed these Article of Incorporation this 30 th. day of March, 2009 ..



\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

APPROVED  
AND  
FILED  
09 MAR 30 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_

MAC DILL EYE CARE INC.  
\_\_\_\_\_

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

is \_\_\_\_\_  
DAVID M. MONBECK  
(Name)

2911 W. MARLIN AVE.  
\_\_\_\_\_

(P. O. BOX NOT ACCEPTABLE)

TAMPA, FLORIDA 33611  
\_\_\_\_\_

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_  


DATE \_\_\_\_\_

3-10-09