

# YOU MUST CREATE AN ORIGINAL OF THIS FORM

## CERTIFICATE OF INCORPORATORS

AND

### APPLICATION FOR A CERTIFICATE OF REGISTRATION FOR A PROFESSIONAL CORPORATION FOR THE PRACTICE OF OPTOMETRY

The undersigned, being all of the incorporators of (*NAME OF CORPORATION*), a professional corporation about to be incorporated under the laws of North Carolina for the purpose of practicing Optometry, hereby certify to the North Carolina State Board of Examiners in Optometry:

1. All persons who are incorporators and all persons, who, to the best of our knowledge and belief, will be original shareholders or who will be employed by said corporation to practice Optometry for said corporation are duly licensed to practice Optometry in North Carolina. The names and addresses of all such persons are:

Name (s)

Address (es)

_____	_____
_____	_____
_____	_____

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the persons listed above.

3. We represent that the corporation will be conducted in compliance with the Professional Corporation Act and with the Regulations of the North Carolina State Board of Examiners in Optometry.

4. Application is hereby made for a Certificate of Registration to become effective when the Articles of Incorporation are filed with the Secretary of State. Attached hereto is a check for \$50.00 for the registration fee.

\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date

NORTH CAROLINA

COUNTY OF \_\_\_\_\_

I HEREBY CERTIFY THAT (*NAME OF INCORPORATOR(S)*), BEING the incorporator of (*NAME OF CORPORATION*), personally appeared before me this day and stated that he had read the foregoing Certificate of Incorporators and Application for Certificate of Registration and that the statements contained therein are true.

WITNESS my hand and notarial seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires:

\_\_\_\_\_