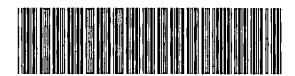
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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Ви	usiness Entity Nan	ne)			
(Dc	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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SELECTION OF STATE
FALLAHASSEE FLORIDA

MAR 26 2019 J. HARRIS

#### **COVER LETTER**

TO:

**Registration Section** 

Divisio	on of Corporation	S				
SUBJECT: E	ye Love LLC					
		Name of I	Limited Liability (	Company		
		eign Limited Liability Comp d to register the above refere				
Please return al	correspondence o	oncerning this matter to the	following:			
	DR. TRAVIS Z	IGLER				
	<u>-</u>	Na	ame of Person			
	EYE LOVE LL	С				
		Fi	rm/Company			
	325 AFTON L	ANE				
			Address			
	COLUMBIA, S	SC 29229				
		City/St	tate and Zip Code			
	drtraviszigler@g	mail.com				
	<del></del>	E-mail address: (to be used	for future annual	report not	ification)	
For further info	rmation concerning	g this matter, please call:				
ANTO	HTIMS OING		803	786-520	00	
	Name o	f Contact Person	Arca Code	Day	time Telephone Number	
Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assec, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount:  \$\Bigcup \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fcc, Co of Status & Certified Cop	



March 13, 2018

TRAVIS ZIGLER 325 AFTON LANE COLUMBIA, SC 29229

SUBJECT: EYE LOVE LLC Ref. Number: W18000024253 SCORE FACTOR OF STATE
SCORE FACTOR OF STATE
ALLAHASSEE FLORIDA

SAUGHE FACTOR OF STATE

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SAUGHE FACTOR OF

We have received your document for EYE LOVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 918A00005064

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 (MIZ, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Chine Garning Company, must include thin	ited Liability Company," "L.L.C.," or "LLC."			
(If name uzuvarlable, enter alternate u	nine adopted for the purpose of transacting business in F	hrida. The alternate name must include "Limited Lis	hility Company," "L.L.C," or "LLC.")		
2. SOUTH CAROLINA		3. 47-3924879			
(Jurisdiction under the law of w	in to foreign limited liability company is organized)	(FEI num	her, af applicable)		
4. 12-1	(Date first transacted business in Florida, if prior	to constantion )			
	(See sections 605,0904 & 605,0905, F.S. to deter	mine penalty liability)			
5. 325 AFTON LANE		6. 325 AFTON LANE			
(Street Address of Principal Office) COLUMBIA, SC 29229		(Mailing Address) COLUMBIA, SC 29229			
7. Name and street address	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	21H HAR SCLEEN		
Name:	INCORP SERVICES, INC.		20 cames		
Office Address:	17888 67TH COURT NORTH	<del></del>			
	LOXAHATCHEE	, Florida <u>33470</u>			
designated in this applica	gistered agent and to accept service of tion, I hereby accept the appointment				
and accept the obligations	ons of all statutes relative to the property of my position at registered agent.  (Registered agent)  (Registered agent)		duties, and I am familiar with		
8. The name, title or capa  Title or Capacity:	(Registered agent)  (Registered agent)  acity and address of the person(s) who is the person of the	Kathy Shin on behalf of	duties, and I am familiar with		
and accept the obligations  8. The name, title or capa	(Registered agent)	Kathy Shin on behalf of 's signature) has/have authority to manage is/are:	duties, and I am familiar with		
8. The name, title or capa  Title or Capacity:	(Registered agent)  (Registered agent)  acity and address of the person(s) who is the person of the	Kathy Shin on behalf of 's signature) has/have authority to manage is/are:	duties, and I am familiar with		
8. The name, title or capa  Title or Capacity:  Managing Memo	city and address of the person(s) who lead to the person of the person o	Kathy Shin on behalf of 's signature) has/have authority to manage is/are:	duties, and I am familiar with		
8. The name, title or capa  Title or Capacity:  Managing Memo	icity and address of the person(s) who lead to the person of the person	Kathy Shin on behalf of 's signature) has/have authority to manage is/are:	duties, and I am familiar with		
8. The name, title or capa  Title or Capacity:  Managing Memo	city and address of the person(s) who hame and Address:  DR. JENNA ZIGLER  325 AFTON LANE COLUBMIA, SC 29229  DR. TRAVIS ZIGLER  325 AFTON LANE COLUMBIA, SC 29229	Kathy Shin on behalf of 's signature) has/have authority to manage is/are:	duties, and I am familiar with		
8. The name, title or capa Title or Capacity:  Managing Members  (Use attachments if necess  9. Attached is a certificate	city and address of the person(s) who hame and Address:  DR. JENNA ZIGLER  325 AFTON LANE COLUBMIA, SC 29229  DR. TRAVIS ZIGLER  325 AFTON LANE COLUMBIA, SC 29229  Sary)  of existence, no more than 90 days old of which it is organized. (If the certifice	Kathy Shin on behalf of s signature) has/have authority to manage is/are: Title or Capacity:	duties, and I am familiar with InCorp Services, Inc.  Name and Address:		

Typed or printed name of signee

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### EYE LOVE LLC,

a limited liability company duly organized under the laws of the State of South Carolina on May 7th, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 20th day of March, 2018.

Mark Hammond, Secretary of State