



THE UNITED STATES  
CORPORATION  
COMPANY

# F99000004395

ACCOUNT NO. : 072100000032

REFERENCE : 340835 4366096

AUTHORIZATION :

*Patricia Pizzuto*

COST LIMIT : \$ 70.00

ORDER DATE : August 13, 1999

ORDER TIME : 2:48 PM

ORDER NO. : 340835-005

CUSTOMER NO: 4366096

9000002969129--3

CUSTOMER: Patricia Schaefer, Legal Asst.  
Sterling Vision, Inc.  
1500 Hempstead Turnpike

East Meadow, NY 11554

FOREIGN FILINGS

NAME: 1-800 ANY LENS OF BOCA RATON,  
INC.

XXXX QUALIFICATION (TYPE: CO)

5

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

99 AUG 24 AM 8:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 AUG 24 PM 4:02

RECEIVED

*hjk*

*8/24/99*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 24 AM 8:15

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. 1-800 ANY LENS OF BOCA RATON, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 14, 1999 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1500 Hempstead Turnpike  
East Meadow, NY 11554  
(Current mailing address)  
To engage in any lawful act or activity
8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Georgianna McGinnis  
(Registered agent's signature)

Georgianna McGinnis, Asst. V.P.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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DIVISION OF CORPORATIONS  
99 AUG 24 AM 8:45

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: See attached officers/directors rider

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joseph Silver, Secretary  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert Cohen, Chairman  
(Typed or printed name and capacity of person signing application)

OFFICERS & DIRECTORS RIDER

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DIRECTORS:

Chairman: Robert Cohen  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554  
Director: Alan Cohen  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554  
Director: Edward Celano  
Address: c/o Atlantic Bank of New York  
960 Avenue of the Americas, 6<sup>th</sup> Floor  
New York, New York 10001

OFFICERS:

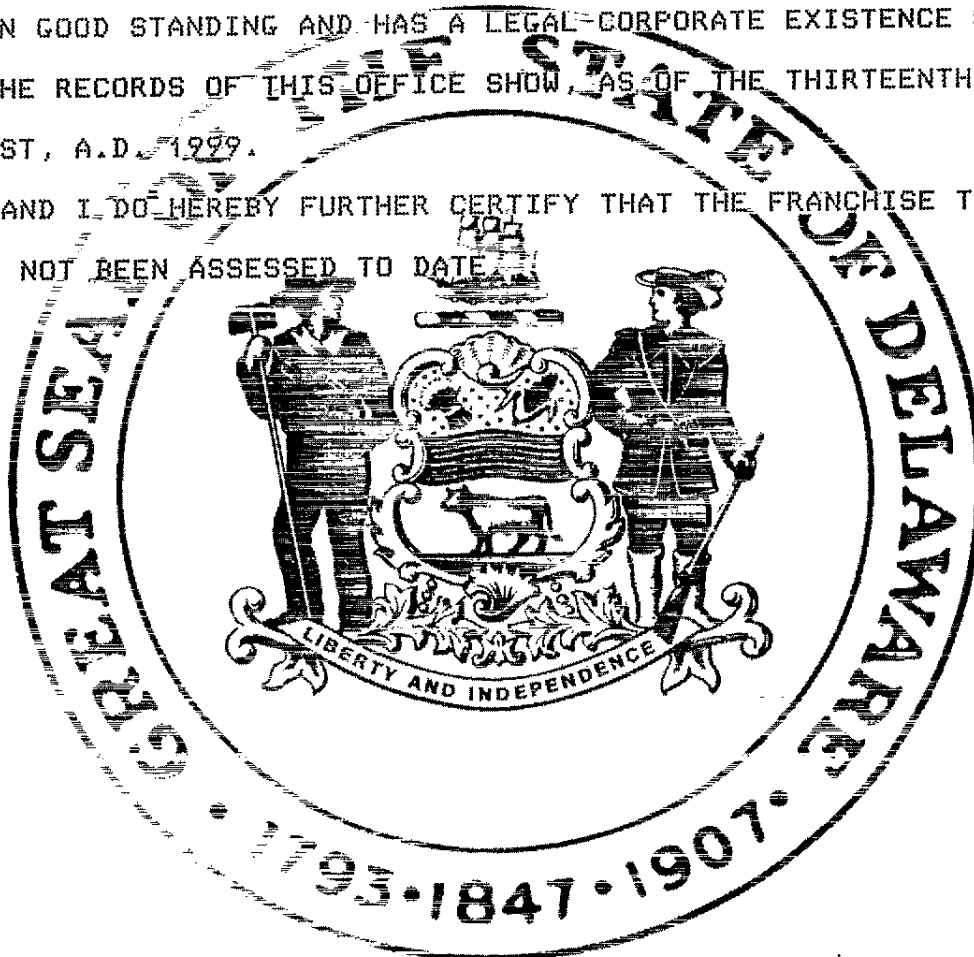
Chief Executive Officer: Alan Cohen  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554  
Chief Financial Officer: William Young  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554  
Secretary: Joseph Silver, Esq.  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554  
Chairman: Robert Cohen  
Address: 1500 Hempstead Turnpike  
East Meadow, New York 11554

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1-800 ANY LENS OF BOCA RATON, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL-CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9921236

DATE: 08-13-99

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 24 AM 8:45