# F04000007230

(Re	equestor's Name)	
<del></del>	<del></del>	······································
(Ad	ldress).	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	<del> </del>
Certified Copies	Certificates	of Status
Consideration to	510 O#	
Special Instructions to	riling Onicer:	

Office Use Only



200043163842

. 12/16/04--01039--006 \*\*70.00



J. BRYAN DEC 23 2004

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Superior Optical Labs</u> , Inc.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Chery Jacobs (Name of Person)
Superior Optical Labs, Inc.
7.0. Box 1290
Ocean Springs ms 39564
City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (228) 875-3796  (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Begin{array}{c} \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy & Certified Copy

2001 PAGE 02

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

IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, F. EIGN CORPORATION TO TH	L'ORIDA STATU R'NSACT BUSI	JTÆS, THE NESS IN TI	FOLLOWING IS SUB HE STATE OF FLORI	IMITTED TO DA.
1 -500	ucier Ontical	habs.	Inc	<b>.</b>	
(Enter name of co	rporation; must include "INCOR rp." "Inc," "Co," or "Corp.")	PORATED," "C	OMPANY,"	"CORPORATION,"	BE OF
	ble in Florida, enter alternate cor				siness in Ploudda)
	SSI OO' Inder tife law of which it is incom			_	(e) 3000
4. 11-11-	of incorporation)	5, <u></u>	1-11-2 iration: Yea	LOGD ( 99 W	eors) tor "perpetual")
6	01-03-2005				
	(Date first transactor) (SEE SECTIONS 607.15	50 L & 607.1502, J	7.S., to deter	mine penalty liability)	1
7. <u>(e60)</u>	Sunplex DC	al office address)	Lean.	Springs, M.	5 39564
P.O.	Box 1290 (Current	nailing address)	<u> 5</u> pa.,	ngs, ms	39564
8. DISOP	of corporation authorized in bon		to be carrie	d out in state of Florida)	
9. Name and street	address of Florida registered	agent: (P.O. Bo	x NOT acc	eptable)	
Name:	ROBERT L HA	<u> Les</u>			
Office Address:	7305 N. MILIY	HARY TR			
	WEST PAIM BEACK (City)	4	, Plorida _	33460	
	(City)			(Zip code)	
designated in this confurther agree to co	ent's acceptance: d as registered agent and to a application, I hereby accept th apply with the provisions of a with and accept the obligation	ie appointment Il statutes relativ	as registere to the pro	ed agent and agree to coper and complete per	act in this capacity. I
	Rat y news				
<u>-</u>		a signature)			

- 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 business addresses of officers and/or directors:

A. DIRECTORS
Chairman: Mary P. Walker
Address: 6601 Supplex Drive, Po Box 1290
Ocean Springs ms 39564
Vice Chairman: Jonathan W. Jacobs
Address: 6601 Supply Drive; Po Box 1290
Ocean Springs, ms 39564
Director World M Worker
Address: Lecol Supplex Drive Po Boy 1290 95
Director: Cheryl P. Jacobs
Address: 6601 Bunpler Drive; P.O. Box 1290
Ocean Springs, MS 39564
B. OFFICERS
President: Mary P. Walker
Address: 6601 Supplex Drive; P.O. Box 1290
Ocean Springs, MS 39564
Vice President: Jonathan W. Jacobs
Address: 4601 Supplex Drive, P.O. Box 1290
Ocean Springs, MS 39564
Secretary: Narold M. Walker
Address: Lubbl Surplex Drive, P.D. Box 1290, Ocean Springs, MS
Treasurer: Dame as Sect.
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.  13. Signature of Director or Officer listed in number 12 of the application)
14. Mary Malker, President  (Typed or printed name and capacity of person signing application)

## State of Mississippi

## Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi



#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on November 11, 1991, the State of Mississippi issued a Charter/Certificate of Authority to:

SUPERIOR OPTICAL LABS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SET MISSES

Given under my hand and seal of office December 2, 2004

nic Clark

ERIC CLARK Secretary of State

Certification Number: 6801176-1 Page 1 of 1 Reference: Bs- Cheryl Jacobs Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify