# 

| C T CORPORATION SYSTEM   | ,                                  |
|--|------------------------------------|
| Requestor's Name 660 East Jefferson Street   |                                    |
| Address Tallahassee, FL 32301 (850)222-1092  State Zip Phone   | 4000031915441<br>-03/31/0001045022 |
| City State Zip   | *****70.00 *****70.00              |
| CORPORATION(S) NAME  |                                    |
|  | ·                                  |
| Dr. Blind, Inc.  |                                    |
|  |                                    |
|  | 8 20                               |
|  | () Merger 3                        |
| Profit () Amenda () Amenda   | ment / Color                       |
| () Limited Liability Company () Dissolution  | tion/Withdrawal () Mark            |
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| () Limited Partnership () Annual () Reserva  | () Change of n.m. 👵                |
| () Reinstatement   | () FICLILIOUS Name                 |
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| Name 3/  | PLEASE RETURN EXTRA COPY(S)        |
| Availability 3/31  | FILE STAMPED THANKS                |
| Document Althour Gaschus David   | -                                  |
| Obdater STATE TO THE TO | LAURA EARNEST                      |
| Veriller 18 31 M 18 84M 00   |                                    |
| Acknowledgment   | $\mathcal{N}_{\mathcal{M}}$        |
| HECEIVED   |                                    |
| W.P. Verifier  | 2/11/m                             |
| CR2E031 (1-89)   | 171 ( 0 v                          |

#### TRANSMITTAL LETTER

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|---|--------------|--|--------|---|------------|--|
| Dividio   | 11 01 001    | potations  |        |   |            | <u> </u>   |
| SUBJECT: _D   | r. Bli       |  |        |   |            | 为  |
|   |              | (Name of corp  | юrati  | on - must include suffix)                             | ŀ          |  |
| Dear Sir or Mac                                     | dam:         |  |        |   |            |  |
| The enclosed "A "Certificate of I to transact busin | Existenc     | ion by Foreign Corporation  e", and check are submitted  lorida. | on for | r Authorization to Trans<br>register the above refere | act<br>nce | Business in Florida",<br>d foreign corporation                   |
| Please return all                                   | corresp      | ondence concerning this r  | nattei | to the following:                                     |            |  |
|   | Hans :       | 7. Kaeser  |        |   |            |  |
|   |              | (Na  | me of  | Person)   |            | <del></del>  |
|   | Whitma       | un Breed Abbott & Mo   | orgai  | ı LLP   |            |  |
|   |              |  |        | трапу)  |            |  |
|   | 200 Pa       | rk Avenue  |        |   |            |  |
|   | <u></u> -γ,_ | (  | (Addr  | ess)  |            | <del></del>  |
|   | New Yo       | ork, NY 10166  |        |   |            |  |
| •   |              |  | y/Sta  | te/Zip)   |            | <del></del>  |
| Should you need                                     | l to call:   | someone concerning this r  | nattei | r, please call:                                       |            |  |
| Hans F. Kaes  |              |  | 212    | ) 351-3322  |            |  |
| (Name   | of Perso     | n) (A  | irea ( | Code & Daytime Telepho                                | one        | Number)  |
| CTDEET AND  | ECC.         |  |        |   |            |  |
| STREET ADDR   | F99:         |  |        | MAILING ADDRESS                                       | :          |  |
| Qualification/Tax                                   |              | ction  |        | Qualification/Tax Lien                                | Sect       | ion  |
| Division of Corpo<br>409 E. Gaines St.              | rations      |  |        | Division of Corporation                               | S          |  |
| Tallahassee, FL 3                                   | 2399         |  |        | P.O. Box 6327<br>Tallahassee, FL 32314                |            |  |
| Enclosed is a che                                   | ck for th    | e following amount:  |        | ,== 0 <u>.</u>  |            |  |
| ☐ \$70.00 Filing                                    | Fee          | \$78.75 Filing Fee & Certificate of Status                       | ◻      | \$78.75 Filing Fee & Certified Copy                   | 0          | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

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

| IN COMPLIANO<br>REGISTER A FO             | CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO OREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  1, Inc.  Oration: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or   |
|---|---|
| . Dr Blind                                | پن<br>است   |
| words or abbre                            | oration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or viations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)   |
| 2. Delaware                               | 3.  |
| (State or count                           | ry under the law of which it is incorporated)  3.  (FEI number, if applicable)  |
| 4. March 9, 2                             | 2000 5. Perpetual   |
| (Da                                       | ate of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
|   | filing of this application.   |
| C/O WHI                                   | st transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) ITMAN BREED ABBOTT & MORGAN LLP   |
| 7. <u>200 Pa</u> i                        | rk Avenue   |
| New Yor                                   | rk, NY 10166  |
|   | (Current mailing address)   |
|   | in any lawful act or activity.  |
| (Purpose                                  | e(s) of corporation authorized in home state or country to be carried out in state of Florida)  |
| 9. Name and s                             | treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)   |
| Name:                                     | CT Corporation System   |
| Office Address:                           | 1200 South Pine Island Road   |
|   | Plantation ,Florida, 33324  |
|   | (Zip code)  |
| 10. Registered                            | agent's acceptance:   |
| this application, I<br>with the provision | ted as registered agent and to accept service of process for the above stated corporation at the place designated in hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept my position as registered agent. |
|   | CT Corporation System CONNE BRYAN   |
|   | By: Canic Buy SPECIAL ASSISTANT SECRETARY (Registered agent's 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.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: See attached officers/directors rider Address: \_ Vice Chairman: Address: \_ Director: \_ Address: \_ 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 attack in addendum to the application listing additional officers and/or directors.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Hans F. Kaeser, Secretary
(Typed or printed/name and capacity of person signing application)

r

### Directors and Officers of Dr. Blind

#### Directors:

- Roswitha Hörmann
   Goldberger Str. 20
   D-19374 Zölkow
   Germany
- Andreas März Jr.
   Am Salzstadel 2
   83022 Rosenheim Germany
- Ulrich Ansin 319 S. Riverside Dr. Pompano, FL 33062

#### Officers:

- Roswitha Hörmann
- Ulrich Ansin
- Hans F. Kaeser
   200 Park Avenue
   New York, NY 10166

Chairman and CEO President and COO Secretary OO MAR 31 PM 3: 55

## State of Delaware

PAGE 1

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DR. BLIND, 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 TWENTY-NINTH DAY OF
MARCH, A.D. 2000.

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

00 MAR 31 PM 3: 55

Edward J. Freel, Secretary of State

AUTHENTICATION:

0348580

DATE: 03-29-00

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