

F04000002519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

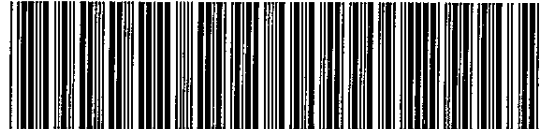
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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05/07/04--01070--014 **3450.00

03/29/04--01001--004 **87.50

104-12010
J. BRYAN MAR 29 2004

J. BRYAN MAY 10 2004

OPTICON, INC.
5360 B N.W. 35TH AVE
FT. LAUDERDALE, FL 3309
(943) 730-9244

March 22, 2004

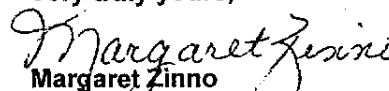
Mr Joey Bryan
Registration Section
Divisions of Corporations
409 E Gaines St
Tallahassee, FL 32399

Re: Opticon Inc

Mr Bryan:

I am enclosing our application for registration of our company doing business in the State of Florida. We believed this was previously done at the end of last year and therefore, please accept my apologies for the rush to register. I thank you in advance for any help that you may give me in this matter and if you need to reach me, you may call 732-536-9430.

Very truly yours,


Margaret Zinno
Administrative Assistant

Enc.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPTICON, 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:

MARGARET ZINNO
(Name of Person)
OPTICON INC
(Firm/Company)
5360 B NW 35TH AVE
(Address)
FT. LAUDERDALE, FL. 33309
(City/State and Zip code)

For further information concerning this matter, please call:

MARGARET ZINNO at (732) 536-9430
(Name of Person) (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
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 29, 2004

MARGARET ZINNO
OPTICON, INC.
5360 B N.W. 35TH AVE.
FT. LAUDERDALE, FL 33309

SUBJECT: OPTICON, INC.
Ref. Number: W04000012010

We have received your document for OPTICON, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 304A00020276

ALLIED VISION **GROUP INC**

Jules Saland
6483 Highcroft Dr
Naples, FL 34119
Phone: (239) 594-2605
Fax: (239) 594-2140
email: eyeman@swfla.rr.com

Robert Tardell
8 Robbie Ct
Morganville, NJ 07751
Phone: (732) 536-7206
Fax: (732) 536-7716
email: btardell@optonline.net

Mr. Joey Bryan
Document Specialist
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Letter # 304A00020276
Ref # W04000012010

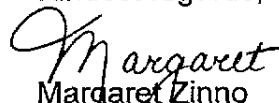
Dear Mr Bryan:

Enclosed, please find our check # 3013 in the amount of \$3450.00. This represents a penalty for non registration in the state of Florida.

Please accept our apologies, since we felt the attorney that we hired for the set up of our business and acting as our representative for those registrations had done what was required for us to operate in your state.

I hope this will settle the matter and if you need further assistance, please do not hesitate to contact me.

Kindest regards,


Margaret Zinno
Administrative Assistant

mz
enc ck # 3013

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

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. OPTICON INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 22-3801789
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/13/2001 5. N/A
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 2/2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5360 B N.W. 35TH AVE F LAUDERDALE FL 33309
(Principal office address)

8 Robbie Ct. MORGANVILLE NJ 07751
(Current mailing address)

8. WAREHOUSE / OFFICE LOCATION TO DISTRIBUTE CONTACT LENS
(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)

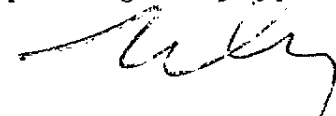
Name: THOMAS CONROY, ESQ. % CONROY, COLEMAN & HAZZARD, P.A.

Office Address: 2640 GOLDEN GATE PKWY, SUITE #115

NAPLES, FL., Florida 34105
(City) (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.



(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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: HARVEY BERKOWITZ

Address: 5360 B NW 35TH AVE
FT LAUDERDALE, FL 33309

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

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. Harvey Berkowitz
(Signature of Director or Officer listed in number 12 of the application)

14. Harvey Berkowitz, Director
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

OPTICON, INC.
0100842358

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on February 13, 2001.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

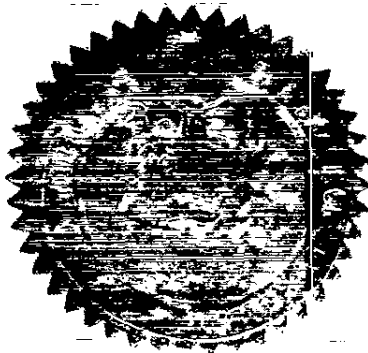
*I further certify that the registered agent and
registered office are:*

*Robert A. Tardell
8 Robbie Ct.
Morganville, NJ 07751*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

OPTICON, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
14th day of October, 2003

A handwritten signature in cursive script, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer