

FO4 000002564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

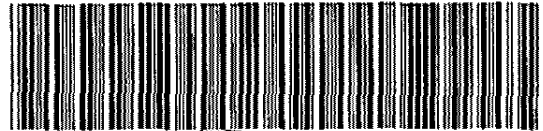
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
05/04/04--0037--020 **70.00

MORSE,
BARNES-BROWN &
PENDLETON, P.C.

The Business Law Firm on Route 128

Reservoir Place • 1601 Trapelo Road • Waltham, MA 02451 • (781) 622-5930 • Fax (781) 622-5933 • email: mbbp@mbbp.com

Writer's email:
dgm@mbbp.com

May 3, 2004

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: NovaVision Clinic, Inc.


Ladies and Gentlemen:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced company together with a Certificate of Good Standing and a check in the amount of \$70.00 in payment of the requisite filing fee.

Kindly acknowledge receipt of the foregoing by stamping the enclosed copy of the filing and return it to me in the envelope provided for your convenience.

Please do not hesitate to call me if you have any questions. Thank you.

Very truly yours,


Demetrios Mandilas
Corporate Paralegal

Enclosures

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04 MAY -4 AM 10:01
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NovaVision Clinic, 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:

Demetrios Mandilas

(Name of Person)

Morse, Barnes-Brown & Pendleton, P.C.

(Firm/Company)

1601 Trapelo Road, Suite 205

(Address)

Waltham, MA 02451

(City/State and Zip code)

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SECRETARY OF
TALLAHASSEE FLORIDA

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For further information concerning this matter, please call:

Demetrios Mandilas

(Name of Person)

at (781) 622-5930

(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

**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. NovaVision Clinic, 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. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. December 12, 2003

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(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. 7900 Glades Road, Suite 630, Boca Raton, FL 33434

(Principal office address)

7900 Glades Road, Suite 630, Boca Raton, FL 33434

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized

(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: Navroze S. Melita

Office Address: 7900 Glades Road, Suite 630

Boca Raton, Florida 33434
(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.

Navroze S. Melita

By: _____

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Navroze S. Mehta

Address: 7900 Glades Road, Suite 630, Boca Raton, FL 33434

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Navroze S. Mehta

Address: 7900 Glades Road, Suite 630, Boca Raton, FL 33434

Vice President: Robert Doll

Address: 7900 Glades Road, Suite 630, Boca Raton, FL 33434

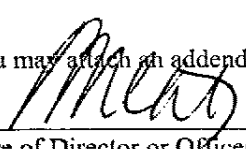
Secretary: Carolyn Noonan

Address: 7900 Glades Road, Suite 630, Boca Raton, FL 33434

Treasurer: Navroze S. Mehta

Address: 7900 Glades Road, Suite 630, Boca Raton, FL 33434

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. Navroze S. Mehta, President
(Typed or printed name and capacity of person signing application)

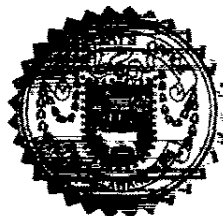
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVAVISION CLINIC, 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 APRIL, A.D. 2004.

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



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3758199 8300

AUTHENTICATION: 3082405

040314021

DATE: 04-29-04