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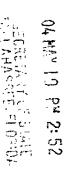
(Re	questor's Name)				
hA)	dress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Consider the street of the street	Filler Officer				
Special Instructions to	Filing Officer:				

Office Use Only



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#### TRANSMITTAL LETTER

Pivision of Corporations	
SUBJECT: Vision Service Group, Inc.	
	rporation - must include suffix)
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida", tted to register the above referenced foreign corporation to
Please return all correspondence concerning this	s matter to the following:
Julie Walton	_
(1	Name of Person)
Vision Service Group, Inc.	
(F	Firm/Company)
917 Pacific Avenue, Suite 409	
	(Address)
Tacoma, WA 98402	
·	y/State and Zip code)
·	•
For further information concerning this matter,	please call:
Julie Walton at (2	53 ) 531-9034
(Name of Person)	(Area Code & Daytime Telephone Number)
	A A A
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	(Area Code & Daytime Telephone Number)  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	<u> </u>

#### 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.	Vision Service Group, Inc.	
	(Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
	(If name unavailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
	•	duspine to proper or a management of the property of the prope
	Washington 3.	
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4,	05/23/2002 5.	Perpetual
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6.		
Ο,	(Date first transacted business in Florida. If corporation has no	t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)
7	917 Pacific Avenue, Suite 409, Tacoma, WA 984	02
•	(Principal office add	
	917 Pacific Avenue, Suite 409, Tacoma, WA 9840	n <i>a</i>
	(Current mailing add	
	,	·· ,
Q	Comprehensive marketing solutions to new car & truck franch	ises, primarily through direct mail medium.
Ο.	(Purpose(s) of corporation authorized in home state or co	
9,	Name and street address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)
	Name: NRAI Services, Inc.	
		O4
O	ffice Address: 526 E. Park Avenue	<u> </u>
	Tallahanna	## : 20201 PT -
	Tallahassee (City)	, Florida 32301
	(City)	(Zip conc)
	Registered agent's acceptance:	2
de fu	signated in this application, I hereby accept the appoints	ice of process for the above stated corporation at the place in ment as registered agent and agree to act in this capticity. I relative to the proper and complete performance of my duties, so it is segistered agent.
	NRAI Services, Inc.	
	By: State Office (Registered agent's signature)	Ol, Assistant Sacretary
	(Registered agent's signature)	U

- 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:

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FICERS		
nt: Douglas G. Burton		·
9710 67th Ave. Ct. E.		
Puyallup, WA 98373	<u> </u>	
esident: G. Douglas Grant	·····	SLOKE SLOKE
s: 13512 47th Avenue		CRET
Gig Harbor, WA 98332		A SO
ry: Evan C. Thomas		10. E. C.
2214 N. Villard, Tacoma, WA 98406		25.7 25.7
er: Evan C. Thomas		
2214 N. Villard, Tacoma, WA 98406		
: If necessary, you may attach an addendum to the application listing ac	dditional officers and/o	or directors.
(Signature of Director or Officer listed in number 12 of the app		



### Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF VISION SERVICE GROUP, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 5/23/2002.

I FURTHER CERTIFY that as of the date of this certificate, VISION SERVICE GROUP, INC. remains active and has complied with the filing requirements of this office.

Date: March 2, 2004

UBI: 602-207-728

STATE OF WASHINGTON 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State