

F100000000120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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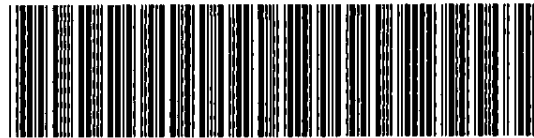
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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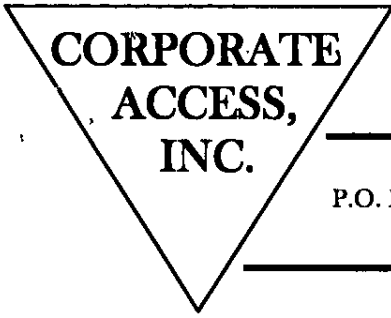
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STATE  
DIVISION OF CLERK SERVICES  
TALLAHASSEE, FLORIDA

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## WALK IN

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FILING

Inc

1.

OneSight Corporation  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO:  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

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1. **OneSight Corporation**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. **Ohio**

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

3. **31-1385607**

(FEI number, if applicable)

4. **March 16, 1993**

(Date of Incorporation)

5. **perpetual**

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

6. **Upon Filing**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **4000 Luxottica Place**

(Principal office address)

**Mason, Ohio 46040**

(Current mailing address)

8. **Deliver eyecare & eyeglasses to the underprivileged and provide optical education to all people.**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: **NRAI Services, Inc.**

Office Address: **2731 Executive Park Dr., Ste 4**

**Weston**

(City)

**Florida 33331**

(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.*

NRAI Services, Inc.



(Registered agent's signature)

**Joanne Gswell**

**Asst. Secy.**

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.

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: SEE ATTACHED LIST

Address: \_\_\_\_\_

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

14. Frank Baynham, President

(Typed or printed name and capacity of person signing application)

## OneSight

<p>Board of Trustees:</p> <p>Frank Baynham, Chairman</p> <p>Mildred Curtis</p> <p>Greg Hare</p> <p>Brian Haigis</p> <p>Emma Horn</p> <p>Mark Jacquot</p> <p>Wallace Lovejoy</p> <p>Elizabeth Wood</p> <p>Robin Wilson</p> <p><u><i>Sole Member: Kerry Bradley</i></u></p>	<p>Frank Baynham, President</p> <p>Greg Hare, Executive Director</p> <p>Brian Haigis, Treasurer</p> <p>Jeanine McHugh, Secretary</p> <p>Angie Hartman, Assistant Treasurer</p>
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ONESIGHT, an Ohio not for profit corporation, Charter No. 840219, having its principal location in Mason, County of Warren, was incorporated on March 16, 1993 and is currently in GOOD STANDING upon the records of this office.*

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TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 17th day of December, A.D. 2009*

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State

Validation Number: V2009351D3F40F