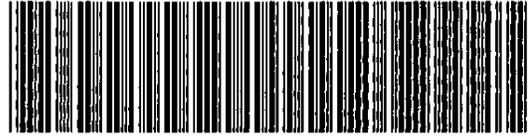


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11 MAY 13 PM 3:45
SECURITIES OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

h 05/16/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMERICAN OPTICAL SERVICES, 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," or "Certificate of Good Standing" 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:

ERIK LARSEN
Name of Person

AMERICAN OPTICAL SERVICES, INC.
Firm/Company

8076 W. SAHARA AVE
Address

LAS VEGAS, NV 89117
City/State and Zip code

erik.larsen@aos-ehs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK LARSEN at (877) 881 0022 x103
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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. AMERICAN OPTICAL SERVICES, 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 3. 27-1335707
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/26/2010 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6/1/2011
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8076 W. SAHARA AVE, LAS VEGAS, NV 89117
(Principal office address)

8076 W. SAHARA AVE, LAS VEGAS, NV 89117
(Current mailing address)

8. PROFESSIONAL SERVICES MANAGEMENT
(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 NOT acceptable)

Name: DONALD SMITH

Office Address: 6962 CAVIRO LAWE

BOYNTON BEACH, Florida 33437
(City) (Zip code)

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11 MAY 19 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

SECRETARY OF STATE
ALLAHASSEL, FLORIDA
MAY 13 PM 3:45

B. OFFICERS

^{CEO}
~~President:~~ PIERRE KEYSER

Address: 8076 W. SAHARA AVE, LAS VEGAS, NV 89117

~~Vice President:~~ STEPHEN J. McCORMACK

Address: 8076 W. SAHARA AVE, LAS VEGAS, NV 89117

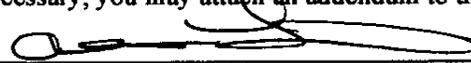
Secretary: ERICA PERREIRA

Address: 8076 W. SAHARA AVE, LAS VEGAS, NV 89117

^{CFO}
~~Treasurer:~~ ALLISON McFARLAND

Address: 8076 W. SAHARA AVE, LAS VEGAS, NV 89117

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. ALLISON McFARLAND / CFO

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN OPTICAL SERVICES, 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 NINTH DAY OF MAY, A.D. 2011.

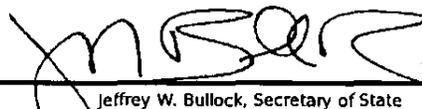
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11 MAY 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 MAY 13 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8747741

DATE: 05-09-11