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(Re	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

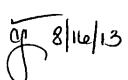
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Hope for VISION, Inc.  Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Betti Lidsky Name of Person
Hope for VISION Firm/Company
21050 NE 38 Ave, Suite 2401
Address
Aventura, 7L 33180  City/State and Zip Code
Beth 6 hope for VISION · Org  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beth Lids at (305) 206-1749  Name of Verson Area Code & Daytime Telephone Number
MAILING ADDRESS: New Filing Section  STREET/COURIER ADDRESS: New Filing Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:

□\$78.75 Filing Fee &

Certified Copy

□ \$87.50 Filing Fee, Certificate of Status &

Certified Copy

\$70.00 Filing Fee

**□\$78.75** Filing Fee &

Certificate of Status



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2013

BETTI LIDSKY 21050 NE 38TH AVENUE SUITE 2401 AVENTURA, FL 33180

SUBJECT: HOPE FOR VISION INC

Ref. Number: W13000045601

We have received your document for HOPE FOR VISION INC and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 213A00019540

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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:

(State or country under the law of which it is incorporated)  (FEI number, if applicable)		۵
May 10, 2005 (Duration: Year corp. will cease to exist or "p	erpetual")	-
Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine	penalty liabi	īlity.)
21050 NE 38th Ave, Suite 2401, Aventura, 76 33	3180	-
Same as above (Current mailing address)		_
Non-Profit Organization - general activities  Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<del></del>	<del></del>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	13 AUG	ISIAIC
Name: Betti Lidsky	AUG 15	<u> </u>
fice Address: 21050 NE 38 + Ave #2401	5 AM	CORT
<u>Aventura</u> , Florida 33180 (Zip Code)	8: 26	CF CORPORATIONS
Registered agent's acceptance:	<b>J</b> 1	CA
. NCEISTEI CH AZCIIL S ACCEPTANCE.	in this cand	acitv
. Negistered agent's acceptance.  ving been named as registered agent and to accept service of process for the above stated corpora ignated in this application, I hereby accept the appointment as registered agent and agree to act i ther agree to comply with the provisions of all statutes relative to the proper and complete perfori iles, and I am familiar with and accept the obligations of my position as registered agent.	•	

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	addresses	of	officers	and/or	directors

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	MAIDICH OF COM CHARG
Chairman: Letti Lidsky	13 AUG 15 AM 8: 26
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23100	
Aventina fr 33180	
Vice Chairman: Sana Chikovsky	
Address: 1,028 Le Lac Rd	
Roca Raton 72 33496	
	······································
Director:	
Address:	
Director:	· · · · · · · · · · · · · · · · · · ·
Address:	
B. OFFICERS ·	
President: Jaime Edelstein	
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Many 72 33/50 - 3860	
	<u>ė – – – – – – – – – – – – – – – – – – –</u>
Address: 15309 Burning Spring Road	
Edmand OK 7:3013	
Secretary: Daria Zawadzki	
225 12 21 54 0 1 10 041 11	1 10023
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	20000
Address: 1539 Greenfield Ave #202, LA,	OH 70023
NOTE TO THE TOTAL PROPERTY OF THE PROPERTY OF	3 -60 1/ - 1/
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.
13. Signature of Chairman, Vice Chairman, or any officer listed in number 12	2 of the application)
Rotti Lidsk.	
Typed or printed name and capacity of person signing appli	cation)

## Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOPE FOR VISION, 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 TWELFTH DAY OF AUGUST, A.D. 2013.

3967803 8300

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Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 0656174

DATE: 08-12-13

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