F14000003410

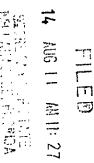
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me) .
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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~ 08/14/14

COVER LETTER

TO:	New Filing Se Division of Co				
	EyeLif	e, Inc			
SUBJ	ECI:	Name o	f corporation	- must include suffix	
Dear S	ir or Madam:				
"Certif	icate of Existen		of Good Star	nding" and check are su	act Business in Florida," bmitted to register the
	return all corres	spondence concernir	ng this matte	r to the following:	
	••		Name of	Person	
EyeL	ife, Inc				
3651	FAU Bouleve	ard, Suite 400	Firm/Con	pany	
Boca	Raton, FL 33	431	Addn	3 8	
m@e	yelife.no		City/State a	nd Zip code	
	······································	E-mail address:	(to be used i	for future annual report	notification)
For fur	ther information	o concerning this ma	itter, please o	all:	
Sylvia	Burks		650	430 2875	
	Name of Perso		Area	Code & Daytime Teleph	one Number
Enclose	New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations B c Center Circle		MAILING A New Filing So Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
3 \$ 70.	.00 Filing Fee	S78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 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. EyeLife, 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) Delaware 47-1401793 (State or country under the law of which it is incorporated) (FEI number, if applicable) July 14, 2014 Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 17,2014 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3651 FAU Boulevard, Suite 400, Boca Raton, FL 33431 (Principal office address) same (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorporating Services, Ltd. Name: 1540 Glenway Drive Office Address: Tallahassee 32301 Florida (City) (Zip code) 9. 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)

10. 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.

11. Nig	nes and husiness addresses of officers and/or directors:
A. DIR	ectors 2
Chalema	Brian Scovii
Address:	9851 FAU Boulevard, Suite 400, Boca Raton, FL 33431
VILL CIL	to Petko Dinev
Address	3651 FAU Boulevard, Sute 400, Boca Raton, FL 3343
	Rune Nystad
Director.	8651 FAU Boulevard, Suite 400, Boca Raton, FL 33431
Address	<u> 1918 tahun 1918 tahun 1918 tahun 1918 tahun 1919 tahun 1919 tahun 1919 tahun 1919 tahun 1919 tahun 1919 tahun 19</u>
	Trygva Burchardt
Director.	5651 FAU Bouleyard, Suite 400, Book Raton, FL 33431
Addrest:	
Prosident Address:	Rune Nysted 8881 FAU Boulevard, Sulte 400, Boca Flaton, FL 83491
Vice Pres	And the second s
Address	The state of the s
,,,,	
iemstary:	Trygve Burchardt
ddress:	3851 FAU Boulevard, Suite 400, Boos Refon, FL 33431
reasinger:	Rune Nysted
	3651 FAU Boulevard, Suite 400, Boos Raton, FL 33431
OTE	If necessary, you may attach an added them to the application listing additional officers and/or directors.
	Signature of Director or Officer
third de Run	or or director signing this document (and who is listed in manifer 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes the falony as provided for in \$.817.155, P.S. S. Nystkic
3,	(Typed or printed name and capacity of parton signing application)

Delaware

DACE '

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EYELIFE, 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 FOURTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EYELIFE,

INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2014.

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

14 AUG 11 AM 11: 27

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AUTHENTY CATION: 1534011

DATE: 07-14-14

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