-15000000204

| (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



JAN 2 0 2015

T. SCOTT



000267695540

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/16/15

NAME:

FERRIS OPTICAL, INC

TYPE OF FILING: APPLICATION

COST: 70 + 800 = 870

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| | New Filing Sec Division of Cor | | | | • | |
|---|-----------------------------------|--|--|---------------|--|--|
| SUBJECT: PERRIS OPTICAL, INC. | | | | | | |
| Name of corporation - must include suffix | | | | | | |
| Dear Sir | or Madam: | | | | | |
| "Certific | rate of Existenc | lon by Foreign Corporation e." or "Certificate of Good in corporation to transact but | Standing" and cl | heck are subi | t Business in Florida," nitted to register the | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Name of Person | | | | | | |
| Firm/Company | | | | | | |
| Address | | | | | | |
| City/State and Zip code | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| | | at (|) | | | |
| 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 | d is a check for | the following amount: | | | | |
| \$70.0 | 00 Filing Pee | S78.75 Filing Fee & Certificate of Status | \$78.75 Fil Centified C | | \$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. (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) under the law of which it is incorporated) (Date first transacted husiness in Florids, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: National Corporate Research, Ltd., Inc. Office Address: 166 Office Plaza Drive Tallahassee (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.

Mulan Michael Arthur, Asst. Secretary (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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman: ___ DOD STARLER Director: SHERMAN WAY, #14 CANOGA PARK, CA Director: _ Address: B. OFFICERS President: SHERMAN WAY & 14 CARNGE PARK, CA- 91303 Vice President; ___ DU BOIS ATCENE Secretary: _ Malb sation st. PMB 352, VAID NOYS, CA. 91406 ROBERT STAPLER Treasurer: SHERMON WAY #14 CANOGA PARK, CA Address: NOTE: If necessary, you may attach an addendulinto the application listing additional officers and/or directors. 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.

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

FERRIS OPTICAL, INC.

FILE NUMBER:

C3487296

FORMATION DATE:

07/06/2012

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 23, 2014.

DEBRA BOWEN Secretary of State