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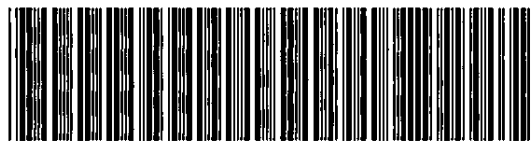
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 14 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL EYE CARE, 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:

MARK R. MAXON OD
Name of Person

NATIONAL EYE CARE, INC
Firm/Company

5160 KINLOCH CIRCLE
Address

FAYETTEVILLE, NEW YORK 13066
City/State and Zip code

mmaxon@nationaleyecare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANA A. BAKER at (518) 302-5578
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARK R MAXON OD

Address: 5160 KINLOCH CIRCLE
FAYETTEVILLE, NY 13066

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TYLER MAXON OD

Address: 2264 SARANAC AVENUE
LAKE PLACID, NY 12946

Vice President: _____

Address: _____

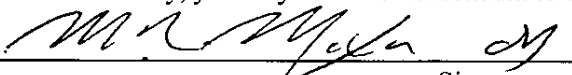
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12.  CEO-OWNER
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. MARK R. MAXON O.D. CEO-OWNER National Eye Care
(Typed or printed name and capacity of person signing application)

**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. NATIONAL EYE CARE, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

NATIONAL EYE CARE OF LAKE PLACID
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 463507924
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 9, 2013 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. change of corporation contract; a continuation
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2264 Sunnyside Avenue Lake Placid NY 12846
(Principal office address)

5100 KINLOCH CIRCLE Fayetteville NY 13066
(Current mailing address, if different)

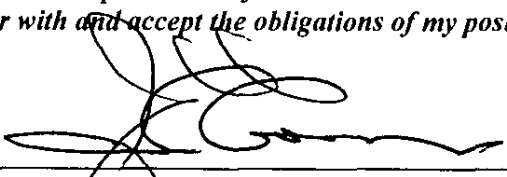
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN M. MAXON

Office Address: 104 Springline Ave
Vero Beach, Florida 32963
(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.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NATIONAL EYE CARE, INC. was filed on 08/09/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 14th day of April two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State