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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(,	··- ,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGNALIAN FOR STATES
FAIL AND SEE FLORIDA

T WASHINGTON NOV 1 4 2016

COVER LETTER

TO:	-	on Section of Corporation	ons					
SUBJ	ECT:	I	See	- C	Dat	1900 include suffi		Inc
5020			Name of	f corporati	on - mus	t include suffi	x	
Dear S	ir or Madar	n:						
"Certif	ficate of Ex	istence," or		of Good S	tanding"	and check are		usiness in Florida," ed to register the
Please			ce concernin					
	DAY	NE	KP	1111				
			/	Name	of Person			
	I	See	C	ofic	9 UC	J	10	•
	~ 0	-						
	28.	<u> </u>	17/0	111		Stree		
		,		Ad	dress		_	`
	6/6	eat_	Sar	rin	g to	n,	MI	7 01230
·	Cy	RI/2	n ol ol o nail address:	City/State (16 be use	and Zip	code G G Ire annual rep	nal ort notif	9 01230 (con justication)
For fu	rther inform	ation conce	rning this ma	itter, pleas	e call:			
Da	Mame of	Ke // Person	<u>'</u>	at (<u>9/</u> Area C	Z ode	309 Daytime Te	elephone	A CS Number
The second secon	Registrati Division of Clifton Bi 2661 Exec	on Section of Corporati	r Circle			MAILING Registration Division of P.O. Box of Tallahasse	on Section of Corpo 6327	on rations
Enclos	sed is a chec	k for the fo	llowing amo	unt:				
7 \$70	0.00 Filing		78.75 Filing Certificate of			75 Filing Fee ified Copy	& □	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	OREIGN CO	See	N TO TRANSACT.	BUSINESS IN	THE STATE OF	FLORIDA.	
(Enter name of "Inc.," "Co.," "	corporation; 'Corp," "Inc,"	must include	"INCORPORATED,	" "COMPANY	" "CORPORATIO	วิที่,"	_
(If name unava	ilable in Flor	ida, enter alter	•	-	•	ing business in Florida)
<u>(Casas an assur</u>	<u>//</u>	1	it is incorporated) 3.		20-33	50748	
(State or coun	iry under the	law of which	it is incorporated)		(FEI number, if	аррисаоте)	
ł	_20	<u>ূর্</u>	5.	(D)	C1 .: 'C .1	.1	_
(Da	te of incorpor	ration)		(Dat	e of duration, if other	er than perpetual)	
5		// / 3	0/201	4			
	(S	Date first) EE SECTION	transacted business in IS 607.1501 & 607.1	n Florida, if pri 502. F.S., to de	or to registration) termine penalty liab	ility)	
/	217	12 <u>-</u>		.1			
· 	317	Ter	UUIEV7		Taker	n Jelly	_ 33
لار	22		(Princi)	pai office addre	()	usta, ma	-
	WY)_	Mail	1 Street	- 61	eat Bull	115/2, 11/19	_014
			(Current maili	ng address, if d	illerent)		
Name and stu						意義。	
. Name and <u>str</u>	eet address (of Florida reg	gistered agent: (P.0	J. Box <u>NOT</u>	acceptable)	No.	
Name:		inpl	Kelly	· · · · · · · · · · · · · · · · · · ·		+	
Office Address:	21	2 P	rurion	Mul	_		, [1]
office Address.		<u> </u>	i de may			>>	(E)
	· Je	1/m 15	each	, Florida	<u> </u>		
		(C	ity)		(Zip code)	芸師コ	
. Registered a	gent's accer	otance:					
laving been nai	med as regis	stered agent				ted corporation at th	
						gree to act in this cap plete performance of	
			ons of all statutes to of the obligations of				my
,	-		./		<u>.</u>		
				F			

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:	Dayre	Kelly	·	
Address:	285	main.	Stree-	
	63	1714		
Vice Chairman:	Cuail	DRIAU		
Address:	10.7	mails	Stopul	
***	_	MH		
Director:				
Address.				
				<u>इ</u> ं ह
Address:				8 7
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
B. OFFICERS				
President:				<u> </u>
Address:				<u> </u>
Vice President:				
Address:		<u></u>		
Secretary:				· · · · · · · · · · · · · · · · · · ·
Address:				
Treasurer:				
Address:		and the second s		
NOTE: If necessary	v vou may attach an ac	dendum to the applic	cation listing additional offic	eers and/or directors
12.	, , , o u , , , u , , ,	according to the uppin	action fishing additional office	ots unavoir un ootors.
The officer or director are true and that he o		se information submit	in number 11 above) affirms	s that the facts stated herein partment of State constitutes
3	DA	ING K	4111/	
	(Typed or printed	name and capa&ty of	person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of I SEE OPTIQUE INC. was filed on 08/09/2005, 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 deporation.

The Biennial Statement is past due.



2016 NOV -8 AM 1: 05
SECRETARY OF STATE

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of November two thousand and sixteen.

Brendan W. Fitzge ald Executive Deputy Secretary of State