

F17000001377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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03/13/17--01032--020 **37.50

17 MAR 23 PM 2:00

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MAR 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2017

STUART STEIN
50 DAVIDS DR
HAUPPAUGE, NY 11788

SUBJECT: MEOPTA U.S.A, INC.
Ref. Number: W17000022205

We have received your document for MEOPTA U.S.A, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 017A00004975

2017 MAR 23 PM 12:37
MAIL ROOM - CIVIL FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **MEOPTA U.S.A., 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:

STUART STEIN

Name of Person

MEOPTA U.S.A., INC.

Firm/Company

50 DAVIDS DRIVE

Address

HAUPPAUGE, NEW YORK 11788

City/State and Zip code

stuart.stein@meopta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Stein

631

436 5900 extension 304

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

**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. **MEOPTA U.S.A., 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)
STATE OF NEW YORK **13-1927509**

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

3. **March 31, 1960** 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. **April 15, 2017**

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **50 DAVIDS DRIVE, HAUPPAUGE, NEW YORK**

(Principal office address)

(Current mailing address, if different)

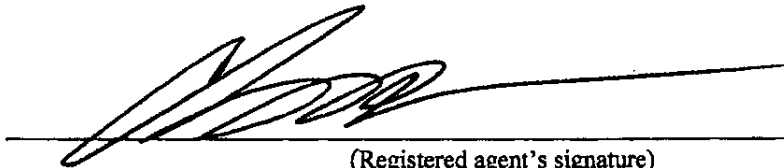
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name **CLARKE HOBBY**

Office Address: **109 N. Brush St., Tampa, Florida 33602**

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.

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17 MAR 23 PM 2:00

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

A. DIRECTORS

Chairman: Gerald Rausnitz

Address: 50 Davids Drive, Hauppauge, New York 11788

Vice Chairman: _____

Address: _____

Director: Reinhard Seipp

Address: 644 Wading River Road, Manorville, NY 11949

Director: David Rausnitz

Address: 1050 Fifth Avenue, New York, New York 10028

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17 MAR 23 PM 2:00

B. OFFICERS

President: Gerald Rausnitz, President

Address: 50 Davids Drive, Hauppauge, New York 11788

Vice President: Reinhard Seipp

Address: 644 Wading River Road, Manorville, New York 11949

Secretary: David Rausnitz

Address: 1050 Fifth Avenue, New York NY 10028

Treasurer: _____

Address: _____

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

12. _____

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. _____

Stuart Stein, Vice President-Administration

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

ADDENDUM
ADDITIONAL DIRECTOR AND OFFICER

ADDITIONAL DIRECTOR:

Stuart Stein
110 Shrub Hollow Road
Roslyn, New York 11576

ADDITIONAL OFFICER

Stuart Stein, Vice President-Administration
110 Shrub Hollow Road
Roslyn, New York 11576

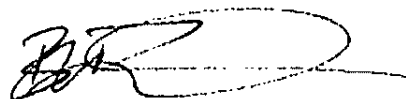
State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEOPTA U.S.A., INC. was filed on 03/31/1960, under the name of TYROLIT COMPANY, INC., fixing the duration as perpetual, 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.

A Certificate of Amendment TYROLIT COMPANY, INC., changing its name to MEOPTA U.S.A., INC., was filed 03/10/2006.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 02nd day of February two
thousand and seventeen.*



*Brendan W. Fitzgerald
Executive Deputy Secretary of State*