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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (950) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Anthony+@sight+supply.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Sight Supply Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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O. SIMMONS
AUG 15 2017

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.

Sight Supply Inc.

1. Sight Supply 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)

2. Delaware 3. 82-2145194
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/11/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 444 Brickell Avenue, Suite 51-935, Miami, Florida, 33131
(Principal office address)

444 Brickell Avenue, Suite 51-935, Miami, Florida, 33131
(Current mailing address, if different)

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

Name: Anthony Rene Travieso

Office Address: 444 Brickell Avenue, Suite 51-935

Miami, Florida 33131
(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.

Anthony Travieso 8-14-17
(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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Anthony Rene Travieso

Address: 444 Brickell Avenue, Suite 51-935, Miami, Florida, 33131

Director: _____

Address: _____

B. OFFICERS

President: Anthony Rene Travieso

Address: 444 Brickell Avenue, Suite 51-935, Miami, Florida 33131

Vice President: _____

Address: _____

Secretary: Alexander Ryan Schuengler

Address: 444 Brickell Avenue, Suite 51-935, Miami, Florida 33131

Treasurer: Alexander Ryan Schuengler

Address: 444 Brickell Avenue, Suite 51-935, Miami, Florida 33131

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

12. Anthony Travieso 8-14-17
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. Anthony Rene Travieso, CEO

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

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CLERK OF COURTS

11. Names and business addresses of officers and/or directors (Additional List):

B. OFFICERS

CEO: Anthony Rene Travieso

Address: 444 Brickell Avenue, Suite 51-935, Miami, Florida, 33131

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SIGHT SUPPLY 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 TWENTY-SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.



6474304 8300

SR# 20175431271

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

Authentication: 202955641

Date: 07-26-17

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July 31, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NARVARD BUSINESS SERVICES, INC.

SUBJECT: SIGHT SUPPLY INC.
REF: W17000062416

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

The document is illegible and not acceptable for imaging.

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.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H17000198433
Letter Number: 717A00015377

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