F18000000916

(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: CEVA W18-8320 Suffix 2/2318 Per Benoisradia, charge name on line *1 to match cert-will file Fic name Foreyeax &

Office Use Only



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01/25/18--01008--014 **78.75

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18 FEB 23 MID: 99

SECRETARY OF STATE
SECRETARY OF STATE

S. WARREN FEB 2 3 2018



February 9, 2018

ADRIAN SCHMOTOLOCHA 10800 ESTHER AVENUE LOS ANGELES, CA 90064

SUBJECT: EYEQXL

Ref. Number: W18000008320

We have received your document for EYEQXL and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

RECEIVED DOCUMENT WITH ADDED SUFFIX, HOWEVER WE ALSO NEED A SHORT FORM GOOD STANDING CERTIFICATE FROM THE DELAWARE SECRETARY OF STATE

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 218A00002868



January 26, 2018

ADRIAN SCHMOTOLOCHA 10800 ESTHER AVENUE LOS ANGELES, CA 90064

SUBJECT: EYEQXL

Ref. Number: W18000008320

We have received your document for EYEQXL and your check(s) totaling \$78.75. 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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 218A00001811

COVER LETTER

TO: Registration Section

Division of Cor	porations			
SUBJECT: EYE	OVR TO			
SUBJECT: TO		tion -	must include suffix	
Dear Sir or Madam:				
"Certificate of Existenc	ion by Foreign Corporation e," or "Certificate of Good n corporation to transact bu	Stanc	ling" and check are sub-	
Please return all corresp Adrian Schmotolocha	ondence concerning this ma	atter	to the following:	
	Name	of P	erson	-
EyeQXL, INC	T and	. (/1	LISON	
	Firm/0	Comp	pany	
10800 Esther Avenue				
Los Angeles, CA 90064		ddres	5S	
Adrian@EyeQXL.com	City/Sta	ite an	d Zip code	
	E-mail address: (to be us	sed fo	or future annual report n	outification)
For further information	concerning this matter, plea	ase ca	all:	
Adrian Schmotolocha	805		300-3090	
Name of Perso	n Area	Code	Daytime Telepl	none 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	a	\$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.

: EYEOVR ICOMPANY," "COMPANY," "CORPORATION,"

(If name unavail DE	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida 81-1683612
	3	
March 2016		(FEI number, if applicable)
	5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
<u></u>	(Princ	pal office address)
	(Current mail	ing address, if different)
Name and street	et address of Florida registered agent: (P. Ben O'Gradney	O. Box NOT acceptable)
	25.7 5 6/26/15)	
Name		
Name:	5967 Jaegergien Drive	
	5967 Jaegerglen Drive	
	5967 Jaegerglen Drive	33547
Name: ffice Address:	Lithia	33547 , Florida

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.

11. Names and business addresses of officers and/or directors:
A: DIRECTORS See Below
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS Alan Sitomer President:
10800 Esther Avenue Address:
Los Angeles, CA 90064
Adrian Schmotolocha Vice President:
1368 Harmony Court Address:
Thousand Oaks, CA 91362
Michael Cirelli Secretary:
725 Cherry Avenue Address: Long Beach, CA 90813
Robert Sitomer Treasurer:
17224 Bullock Street, Encino, CA 91316 Address:
NOTE: If necessary, you may attach an addendum to 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 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 \$.817.155, F.S.
13. Alan Storner (Typed or printed name and capacity of person signing application)
(1) prod on francea name and capacity of person signing application)

BFEB 23 AND

FILED

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EYEQVR, 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 SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EYEQVR, INC."

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 202081036

Date: 02-02-18