# FB00000 4492

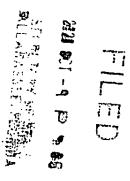
(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	<del></del>
(Ci	ty/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Name	)
(De	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



300353095063

18/09/20--\$1009--807 \*\*70.00



I FENIENX

	N .		_	<b>€</b> 5	į	
**	COVERAGE	i 🥺 🐧	<b>y</b>	•	1	
	COVER LETT	IEK		•		
TO:	Resistration Section	<b>;</b>	. "			<b>.</b> :
. \/.	Division of Corporations	•	Д	4 ;	•	
SUBJI	ECT: Retina Health Center Holdings, Inc.		•			
	Name of corporation - mu	st include suffix				
Dear Si	r or Madam:					
"Certifi	losed "Application by Foreign Corporation for Authorate of Existence," or "Certificate of Good Standing" eferenced foreign corporation to transact business in	and check are submi	Business in Florida, tted to register the	-		
Please r	eturn all correspondence concerning this matter to th	e following:				
	er M. Eaton, President	o o				
	Name of Perso	nn				
Retina I	lealth Center Holdings, Inc.	***				
	Firm/Company	·				
1567 11:	yley Lane, Suite 101					
	Address					
Fort Mu	ers, FL 33907					
				<del></del>		
lanes/de	City/State and Zi etinahealthcenter.com	p code				
	E-mail address: (to be used for fur	ture annual report not	fication)			
		are aimaa rejoor noo	in cuchying			
For furt	her information concerning this matter, please call:					
Alexand	er Eaton 239 27	75-5471				
	Name of Person Area Code	Daytime Telephor	a Niverbar			
	Traine of Person Area Code	раушне текрпог	ie number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations			
Please m			387.50 Filing Fe Certificate of Sta 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.

4	enter Holdings, Inc.				
	orporation; must include "INCORPOF orp." "Inc." "Co." or "Corp.")	RATED," "CO	OMPANY," "CORPORATION,"		
Retina Health Co	enter Holdings Incorporated				
(If name unavaila	ble in Florida, enter alternate corpora	ite name adopt	ed for the purpose of transacting business in Flo	orida)	
2. Delaware		3 85-2	(FEI number, if applicable)		
(State or country	y under the law of which it is incorpor		(FEI number, if applicable)	<u>-</u> _	
4. 07/29/2020					
(Date	of incorporation)	,	(Date of duration, if other than perpetual)	<del></del>	
6. 10/1/2020					
			ida, if prior to registration) .S., to determine penalty liability)	<del></del>	
7 1567 Hayley Lane	c, Suite 101, Fort Myes, Fl. 33907				
·	(Princ	cipal office str	reet address)	· <del></del>	
On any 1.17		0.7			
-to-100 V-0:1:(:	(Currently Control (Currently Cu	nt mailing add	ress, if different)		
8. Name and stree	t address of Florida registered age	nt: (P.O. Bo:	x <u>NOT</u> acceptable)		
Name:	ALEXANDER M. EAT	02		\$8	
Office Address:	1567 HAYLEY W.	STE. 101			
	FOLT MYERS		Florida 33907	Jisréi 🥞	77
	(City)/	<del></del>	(Zip code)	(6.24 )   6.14   1	ļ.,
9. Registered age	nt's accontances				
		pt service of	process for the above stated corporation a	t the place	Lunaria 1 1 F
designated in this	application, I hereby accept the a	ppointment a	as registered agent and agree to act in this	capacity. 17	
further agree to co	omply with the provisions of all sta with and accept the obligations o	atutes relatīv C=v pacitias	e to the proper and complete performance	of my dutes.	
una i um jammu	nun and accept the obligations of		as registered agent.		
	0-4	-			
	(Registered a	gent's signatu	re)		

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];

A. DIRECTORS			
□ Chairman	Name:	☐ Chairman	Name: Hussein Wafapoor
□Vice Chairman	Address: Suite 101	□Vice Chairman	Address: 1567 Hayley Lane, Suite 101
□Director	Fort Myers, FL 33907	ClDirector	Fort Myers, FL 33907
President		[]President	
□Vice President		■Vice President	
□Secretary	□Treasurer	☐ Secretary	■ Treasurer
□Other	🗆 🗅 Other	□Other	□Other
UChairman	Name:	€lChairman	Name:
∃Vice Chairman	Address:	□Vice Chairman	Address:
Director		[]Director	
□President		□President	
∃Vice President		□Vice President	
Secretary	☐ Treasurer	☐ Secretary	□Treasurer
		ClOther	
]Chairman	Name:	□Chairman	Name:
Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		□President	
Vice President		[]Vice President	
Secretary	□Treasurer	□ Secretary	[]Treasurer
]Other	Other	□Other	□Other
mportant Notice: Undividuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	eartment of State Annual Re	I for reporting purposes only. Non-indexed port form.
	Signature of Dire	ector or Officer	
she is aware that falls.817.155, F.S.	tor signing this document (and who is listed in n lse information submitted in a document to the E .  Eaton, President	umber 11 above) affirms the Department of State constitut	at the facts stated herein are true and that he tes a third degree felony as provided for in

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

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RETINA HEALTH CENTER HOLDINGS, 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 FIRST DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETINA HEALTH

CENTER HOLDINGS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF

JULY, A.D. 2020.

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

Authentication: 203579695

Date: 09-01-20

3340205 8300 SR# 20207053510





### State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

8422585 ALEXANDER EATON 1567 HAYLEY LANE SUITE 101 FORT MYERS, FL 33907 09-01-2020

DESCRIPTION		AMOUNT
3340205 - RETINA HEALTH CENTER HOLDINGS, INC. Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, 24 Hour	\$40.00
	TOTAL CHARGES	\$90.00
	TOTAL PAYMENTS	\$90.00
	2444405	£0.00
	BALANCE	\$0.00