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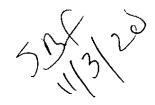
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COVER LETTER

TO:		tration Section ion of Corporations					
SUBJ	ECT:	MAXIMUS OPTIC	INC.				
0020			Name of corporation	o n - n	nust include suffix		
Dear S	ir or M	adam:					
"Certif	ficate o		rtificate of Good St	andin	thorization to Transac g" and check are sub n Florida.		
Please	return	all correspondence o	oncerning this matt	er to	the following:		
Donn I	K. Harm	s Esq.					
			Name o	f Per	son		•
Law O	ffices of	Donn Harms					
			Firm/Co	mpai	ıy		
12702	Via Cor	tina, Suite 100					
			Ado	iress			
Del Ma	ar, Calif	ornia 92014					
			City/State	and I	Zip code		
donnh	ហាន@g	mail.com					
		E-mail	address: (to be used	for	future annual report n	otification)	
For fur	ther in	formation concerning	g this matter, please	call:			3,0623
Donn	Donn Harms 858 509-1400			7.0 20			
	Name	e of Person	Area Co	de	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ਨਾ 20			
Please r		•		□ \$7	STATE 78.75 Filing Fee & ertified Copy	S87.50 File Certificate Certified C	of Status &

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. (Enter name of corporation; must include "INCORPORA	ATED " "COMPANY " "CORPORATION"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	TIDE, COMPANY, CORPORATION,	
(If name unavailable in Florida, enter alternate corporate	name adopted for the purpose of transacting be	isiness in Florida)
2. Delaware	3	
(State or country under the law of which it is incorporate)	ed) (FEI number, if applic	able)
4. April 11, 2016	5.	
(Date of incorporation)	5. (Date of duration, if other than	perpetual)
6. Not Applicable		
(Date first transacted busi (SEE SECTIONS 607.1501 &	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	
1065 SW 8th St #741 Miami, Florida 33130		
(Princip	pal office street address)	
(Current	mailing address, if different)	
	•	
8. Name and street address of Florida registered agent.	: (P.O. Box NOT acceptable)	
Name: Registered Agents Inc.	·	
Office Address: 7001 4th Ct N Ct 200	• •	~:
Office Address: 7901 4th St N Ste 300		ت د - ک
St. Petersburg	, Florida <u>33702</u>	_
(City)	(Zip code)	~5
9. Registered agent's acceptance:		CO
Having been named as registered agent and to accept	service of process for the above stated con	rporation at the place
designated in this application, I hereby accept the app	pointment as registered agent and agree to	act in this capacity. I
further agree to comply with the provisions of all state and I am familiar with and accept the obligations of n	utes relative to the proper and complete pe nv position as registered agent	rformance of my dutie
	processor an expansion agenta	
72	\sim 1	
	Mason -	
(Begistered age	nt's signature)	-

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

under the law of which it is incorporated.

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

A. DIRECTORS Chairman Vice Chairman Director President Vice President Secretary Asst Sec	Name: Donn Harms, Esq.	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name: Patrick Hussey Address: 12702 Via Cortina Suite 100 Del Mar, Cal 92014 Treasurer Other
□Chairman □Vice Chairman □Director ■President □Vice President □Secretary □Other	Name: Alejandro Goebel Avenida 16 de Septiembre 99 Address: Col. Alfredo V. Bonfil Atizapan de Zaragoza Estado de Mexico, 52940 Mexico	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary	Jeffrey Wu Name: 12702 Via Cortina Suite 100 Address: Del Mar, Cal 92014 □ Treasurer □ Other □
☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other Important Notice: individuals may be [12 The officer or direction of the president of the presiden	Address:	or or Officer mber 11 above) affirms th	☐ Treasurer ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MAXIMUS OPTIC 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-THIRD DAY OF OCTOBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAXIMUS OPTIC INC." WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2016.

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

Authentication: 203924011

Date: 10-23-20

6014566 8300 SR# 20207995094