# F22000005327

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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AUG 23 2022 M. SOLOMON

# **COVER LETTER**

	•	
SUBJECT.	Name of corporation - must incl	ude suffix
Dear Sir or Ma	adam:	
"Certificate of	f Existence," or "Certificate of Good Standing" and c	heck are submitted to register the
Please return a	all correspondence concerning this matter to the follo	owing:
Nick Brown		
	Name of Person	· N
SUBJECT: Synergeyes,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:  Nick Brown  Name of Person  Synergeyes Inco  Firm/Company  2236 Rutherford Rd Suite 115  Address  Carlsbad CA 92008  City/State and Zip code  nbrown@synergeyes.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Nick Brown  Name of Person  STREET/COURIER ADDRESS:  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$78.75 Filing Fee  □ \$78.75 Filing Fee & Certificate of Status & Certified Copy  Certificate of Status & Certified Copy		
	Firm/Company	
2236 Rutherfor	dRd, Suite 115	
		<del>් 17 -</del> ඉල <b>ූ</b>
Carlsbad CA 92	2008	
	City/State and Zip code	
nbrown@syner	geyes.com	. •
	E-mail address: (to be used for future ar	nnual report notification)
For further int	formation concerning this matter, please call:	
Nick Brown	760 331-311-	4
Name	e of Person Area Code Da	aytime Telephone Number
Regis Divisi The C 2415	tration Section R ion of Corporations C Centre of Tallahassee P N. Monroe Street, Suite 810 T	Registration Section Division of Corporations P.O. Box 6327
Please make ch	ieck payable to: <b>FLORIDA DEPARTMENT OF STATE</b> ing Fee	ling Fee & <b>=</b> \$87.50 Filing Fee.

# 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.

	COMPANY," "CORPORATION."	
ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting t	business in Florida)
33	3. 330980069	
y under the law of which it is incorporated)	(FEI number, if appli	icable)
5		
of incorporation)	(Date of duration, if other than perpetual)	
Rd Carlsbad CA 92008		, 
(Current mailing a	ddress, if different)	····· 超
	Box NOT acceptable)	2020 AUG 19 J
7901 4th St N STE 300	<del>-</del> -	reger American
St. Petersburg	Florida 33702	50 2.50
(City)	(Zip code)	
	orp," "Inc," "Co," or "Corp.")  3. 33  y under the law of which it is incorporated)  (Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Rd Carlsbad CA 92008  (Principal office government)  (Current mailing a registered agent: (P.O. E Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg	3. 330980069  y under the law of which it is incorporated)  (FEI number, if apple)  (Date of duration, if other the (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability Rd Carlsbad CA 92008  (Principal office street address)  (Current mailing address, if different)  Registered Agents Inc.  7901 4th St N STE 300  St. Petersburg  Florida 33702

## 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 Agents Inc.
Bill Havre - Assistant Secretary

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.

### A. DIRECTORS Nick Brown Bob Ferrigno ☐ Chairman □ Chairman Name: Name: 2236 Rutherford Rd 2236 Rutherford Rd ☐ Vice Chairman Address: □Vice Chairman Address: Carlsbad CA 92008 Carlsbad CA 92008 □ Director □ Director **■** President □President □Vice President \_\_ □ Vice President □ Secretary Treasurer ■ Secretary Treasurer □Other \_\_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ □ Chairman □ Chairman Name: Name: □ Vice Chairman Address: \_\_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ Director □ Director □President □President ☐ Vice President □Vice President ☐ Treasurer ☐ Secretary □Treasurer ☐ Secretary □Other \_\_\_\_\_ Other □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: \_\_\_ □ Chairman □ Chairman Name: □Vice Chairman Address: □Vice Chairman Address: □ Director □Director ☐ President □President □ Vice President ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ \_\_ Other \_\_\_\_\_ □Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. **NickBrownCFO** 13.



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SYNERGEYES, INC.

Entity No.: 2284574 Registration Date: 09/04/2001

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of July 11, 2022.

SHIRLEY N. WEBER, PH.D.

**Secretary of State** 

Certificate No.: 028626626

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.



August 1, 2022

NICK BROWN SYNERGEYES, INC. 2236 RUTHERFORD RD, SUITE 115 CARLSBAD, CA 92008

SUBJECT: SYNERGEYES, INC. Ref. Number: W22000099745

We have received your document for SYNERGEYES, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

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

Mel Solomon Senior Section Administrator

RECEIVED

Letter Number: 422A00017117