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APPROVED AND FILED

JUL 3 1,2023 K. Brumbley

## COVER LETTER

TO:	Division of Corporations					
SUBJ	FCT.	BON VIVANT SAF	ETY EYEWEAR	СОМР	ANY, INC	
50 <b>D</b> 0		Na	me of corporati	on - mu	st include suffix	
Dear S	Sir or Mad	lam:				
"Certi:	ficate of I	Application by Foreign Existence," or "Certified foreign corporation	cate of Good St	anding"	and check are sub	et Business in Florida," mitted to register the
Please	return al	l correspondence conc	erning this mat	er to th	e following:	
			ANTHONY	B. MILI	ES	
			Name o	of Perso	n	
		BON V	IVANT SAFETY	EYEW	EAR COMPANY, I	NC
			Firm/Co	mpany		
			211 W. 117	'H STRI	ET	
			Add	iress		
			JACKSONVILI	.E, FLO	RIDA 32206	
			City/State	and Zi	p code	
			anthony@bv-safe	atycycwo	ear.com	
		E-mail add	lress: (to be use	d for fut	ure annual report r	otification)
For fu	rther info	rmation concerning th	is matter, please	call:		
	Anthony	B. Miles	904 at (	)	337-9556	
	Name	of Person	Area Co	ode	Daytime Telep	none Number
	Registra Divisio The Cer 2415 N	ET/COURIER ADDI- ation Section of Corporations of Tallahassee Monroe Street, Suite ssee, FL 32303			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please				□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status a

## 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.

BON VIVANT SAFETY EYEWEAR COMPANY, INC				
	corporation; must include "INCORPOR. Corp," "Inc," "Co," or "Corp.")	ATED," "COMPANY." "CORPORATIO	",AC	
(If name unavail	lable in Florida, enter alternate corporate	e name adopted for the purpose of transact	ing business in Florida)	
	DELAWARE	3. 93-1654266		
(State or count	ry under the law of which it is incorpora	ited) (FEI number, if a	applicable)	
	6/6/2023	5		
(Date	e of incorporation)	5. (Date of duration, if othe	r than perpetual)	
	•	siness in Florida, if prior to registration) 2 607.1502, F.S., to determine penalty liab	ility)	
	211 W. 11TH STREET, JACKSO	ONVILLE, FL 32206		
	(Princi	pal office street address)		
	(Curren	t mailing address. if different)		
Name and stre	et address of Florida registered agen	t: (P.O. Box <u>NOT</u> acceptable)	202: 1 Al	
Name:	ANTHONY B. MILES		ONE:	
ffice Address:	211 W. 11TH STREET		31 31 E	
	JACKSONVILLE	, Florida		
	(City)	(Zip code)	2: 2 1544	
	ent's acceptance:			

(Pagistared quest's signature)

and I am familiar with and accept the obligations of my position as registered agent.

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

A. DIRECTORS	•		
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address: 211 W. 11th Street	□ Vice Chairman	Address: 6465 Matthews Street
□Director	Jacksonville, FL 32206	Director	Philadelphia, PA 19150
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	□Other	Other
□ Director □ President ■ Vice President □ Secretary	Clinton Bush Name:	□ Director □ President □ Vice President □ Secretary	Name:Address:
Other	Other	□Other	Other
	Jennifer K. Marin Name:230 Redonda Way Address:		Name:Address:
□President		□President	
□ Vice President		□Vice President	
<b>■</b> Secretary	<b>T</b> reasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
12The officer or direction	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is listed in rulse information submitted in a document to the I	partment of State Annual Resettor of Officer number 11 above) affirms the Department of State constitu	at the facts stated herein are true and that he or
17	runding D. Ivilli	,	

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "BON VIVANT SAFETY EYEWEAR COMPANY,

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 THIRTY-FIRST DAY OF

JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BON VIVANT SAFETY EYEWEAR COMPANY, INC" WAS INCORPORATED ON THE SIXTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 203857353

Date: 07-31-23