F23000006512

(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:					





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COVER LETTER

-	stration Sectionion of Corpora					
SUBJECT:	GLASSESUS	A RETAIL, INC.				
SOBBET		Name of corporation	- must include suffix			
Dear Sir or M	ladam:					
"Certificate o	of Existence," o	by Foreign Corporation for Fr "Certificate of Good Star rporation to transact busine	iding" and check are sub			
Please return	all correspond	ence concerning this matte	r to the following:			
ANGELINE	ΆN					
		Name of	Person			
SAGENT MA	NAGEMENT					
		Firm/Con	npany			
691 S. MILPI	TAS BLVD, ST	3 212				
		Addı	ress			
MILPITAS, C	A 95035					
		City/State a	and Zip code			
SAGENTOPE		GENTMANAGEMENT.CO				
	İ	I-mail address: (to be used	for future annual report i	notification)		
For further is	nformation con	cerning this matter, please	call:			
ANGELINE	ľAN	at (263-1040	263-1040		
Nan	ne of Person	Area Coo	le Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of C P.O. Box 632	MA LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	heck payable to:	following amount: FLORIDA DEPARTMENT \$78.75 Filing Fee & I Certificate of Status	FOF STATE \$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

COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida	
DELAWARE		88-3172000		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
12/08/2021		PERPETUAL		
(Date of incorporation)		(Date of duration, if other than perpetual)		
DATE				
8002 S ORANGE	BLOSSOM TRAIL, KI33, ORLANDO, FL	502, F.S., to determine penalty liability) 32809 Fice street address)	,	
	(Current maili	ng address, if different)	2023 11 : -3	
Name and street	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	· - .	
Name:	INCORPORATING SERVICES, LTD.		င်	
ffice Address:	1540 GLENWAY DR		<u>표</u> 요	
	TALLAHASSEE	, Florida	. 	
	(City)	(Zip code)		

Registered agent's acceptance:

GLASSESUSA RETAIL, INC

aving been named as registered agent and to accept service of process for the above stated corporation at the place saignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. In the right of the properties of the place of th

ARChambautt, ASST. ECC.
(Registered agent's signature)

). Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to e Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction identical derivation of the state of the st

DIRECTORS	•			
lChairman	Name: ELDAD ROTHMAN	ElChairman Na	ame:	
JVice Chairman	Address:	□ Vice Chairman A	ddress:	
lDirector	954 LEXINGTON AVENUE, #537	□Director _	· · · · · · · · · · · · · · · · · · ·	
]President	NEW YORK, NY 10021	IIPresident		
Wice President		□Vice President _		
IScoretary	C)Treasurer	☐ Secretary		Cl Treasurer
CEO CEO	ClOther	Other		□Other
JChairman	Name:	ElChairman N	ame:	
TVice Chairman	Address:	□Vice Chairman A	Address:	
JDirector		□Director _		
President		[]President	****	
lVice President		□Vice President _		
lSecretary	□Treasur e r	□ Secretary		Treasurer
Other	Other	[]Other		□Other
lChairman	Name:	□Chairman N	lame:	
!Vice Chairman	Address:	□Vice Chairman /	Address:	
Director		[]Director _		
P:esident		□President _		
Vice President		□Vice President	·	
Secretary	Treasurer	☐ Secretary		[]Treasurer
Other	[]Other	[IOther		Other
lividuals may b	Use an attachment to report more than six (6). The added to the index when filing your Florida Decu	partment of State Annual Repo	ort form.	ourposes only, Non-indexed
is aware that the 17.155, F.S.	ector signing this document (and who is listed in false information submitted in a document to the OTHMAN, CEO	number 11 above) affirms that Department of State constitute.	the facts states a third degree	ed herein are true and that he or see felony as provided for in

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GLASSESUSA RETAIL, 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.

2023.

Authentication: 204432016

Date: 10-23-23