TRANSMITTAL LETTER

	(MAINDIVILL)			
TO: Qualificate Division	tion/Tax Lien Section of Corporations		*****78.	366509 01099011 75 *****78.75
	FAMILY VISION CENTERS	. INC.	90-1	1-600
SUBJECT:		ı - must include suffix)		· · · · · · · · · · · · · · · · · · ·
Dear Sir or Mad	am:			•
Florida", "Certifi foreign corporati	pplication by Foreign Corporaticate of Existence, and check as ion to transact business in Florid	la.	tor the door of read of	ss in nced
Please return all	correspondence concerning this	matter to the follow	ing:	
				66 SEVID
c	Charles R. Mingle			
	(Name	of Person)		N 20 WAR
Ĭ 4	7ista Eyecare, Inc. National Vision Associ	ates. Ltd.,	-	, <u>, , , , , , , , , , , , , , , , , , </u>
		Company)		
	•	•		OF STATE
2	296 Grayson Hwy., Lega	al Dept.		O N
	(Ad	dress)		unata
т	Lawrenceville, GA 300)45-5793		47th
	Jan E Olio O / E = = - /	State/Zip)		1/20
	(0.3).	···		7000
Should you need	to call someone concerning this	s matter, please call.		
	Themles Mingle	at (770) 822-202	5
	Charles Mingle Name of Person)	(Area Co	de & Daytime Telephone	Number)
Senior	Paralegal, NATIONAL	V <u>I</u> SION ASSOCIA	VIST	A EYECARE, INC.
VISTA EYECARE NATIONAL VISIO	TNC. $f/k/a$ N ASSOCIATES, LTD., acquire	ed_FAMILY VISION	CENTERS, INC. an	nd
its parent comp	any, FRAME-N-LENS OPTICAL	, INC. on 1/28/98	3.)	per Charles R. Mingle
COURIER AD	DRESS:	MAILING AI	DRESS:	add Inc. To
		One-life and an PT	ov Tian Saction	DBA.
Qualification/Tax	x Lien Sec.	Qualification/1 Division of Cor	ax Lien Section porations	yritu
Division of Corp 409 E. Gaines St		P. O. Box 6327	Ī	1/20
Tallahassee, FL		Tallahassee, FI	, 32314	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 11, 1999

CHARLES R. MINGLE VISTA EYECARE INC 296 GRAYSON HWY, LEGAL DEPT. LAWRENCEVILLE, GA 30045-5793

SUBJECT: FAMILY VISION CENTERS, INC.

Ref. Number: W9900000686

We have received your document for FAMILY VISION CENTERS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$5865.00.

Enclosed please find a copy of section 607.1501 or 617.1501, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a sworn affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501 or 617.1501, Florida Statutes.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 899A00001226

SECRETARY OF STATE OF

AFFIDAVIT

I, the undersigned Mitchell Goodman, Vice President, General Counsel and Secretary of FAMILY VISION CENTERS, INC., do hereby state that the date "Approximately July 1994," which was entered in Line 6 of the Application By Foreign Corporation For Authorization To Transact Business in Florida, as the date on which the corporation first transacted business in Florida, should instead be properly listed as July 28, 1998, the date on which FAMILY VISION CENTERS, INC. was acquired by VISTA EYECARE, INC., f/k/a NATIONAL VISION ASSOCIATES, LTD.

Signature

Mitchell Goodman Vice President, General Counsel and Secretary

Sworn to and subscribed before Me this 5th day of January, 1999.

Notary Public

My Commission Expires: July 16, 20

Notary Public, DeKerb County, Georgia My Commission Expires July 16, 2002 99 JAN 20 AM 10: 51

[...\regis\FL_affid.doc 1/15/99 11:34 AM]

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersignedMitchell Goodman (Name)	, do hereby certif	У
that this Resolution of the Board of Directors of		
Family Vision Centers, Inc. (Corporate Name)	- 	
a corporation duly organized and existing under the laws of the State ofDelaw	vare	_,
was duly adopted on	~ ~	SIVE SEC
Be it resolved, thatFamily Vision Centers, Inc. (Corporate Name)	A 20	
organized and existing in the State of, hereb		ie (ED
Optical Center Inside Sam's Club, Inc.	for use in Floric	TACKS TACKS
Dated:		
Mitchell Goodman Type or print name Vice President, General Counsel an	d Secretar	У .

INHS19(4/96)

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.	Family Vision Centers, Inc.		
	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead natural person or partnership if not so contained in the name at present.)	or of a	
2.	Delaware 3. 71-0698445		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	le)	
4.	10/15/92 5. Perpetual (Duration: Year corp. will cease to exis	or	
	"perpetual")	. 01	
6.	Approximately July 1994		*1798 ***
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		_
7.	296 Grayson Highway	99_	<u></u>
		JAN 2	<u> </u>
	Lawrenceville, GA 30045-5793	2	7
	(Current mailing address)	77	`.~\
	Potoil optical gales	AM IO	30
8.	Retail optical sales	<u> </u>	≥≥
9.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box I acceptable)	O TOY	ŪKS
	Name: Corporation Service Company		
	Office Address: 1201 Hays Street		
10). Registered agent's acceptance:		
7.17			tata
co re; ali	aving been named as registered agent and to accept service of process for the abortoproration at the place designated in this application, I hereby accept the appoint egistered agent and agree to act in this capacity. I further agree to comply with the profit statutes relative to the proper and complete performance of my duties, and I am fained accept the obligations of my position as registered agent. Corporation Service Company	ıtme: visio	rt a. ns o
co re; ali	orporation at the place designated in this application, I hereby accept the appoin Egistered agent and agree to act in this capacity. I further agree to comply with the pro I statutes relative to the proper and complete performance of my duties, and I am fan	ıtme: visio	rt a. ns o

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O . Box NOT acceptable)

Chairman: See accached officers/dif	eccors rider
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Address:	
B. OFFICERS (Street address only- P. O	
President: See attached officers/dir	
Address:	20
	<u> </u>
Vice President:	4 Ph
Address:	<u> </u>
Secretary:	
Treasurer:	A AND AND AND AND AND AND AND AND AND AN
Address:	
NOTE: If necessary, you may attach an adopticers and/or directors.	lendum to the application listing additional
13.	
(Signature of Chairman, Vice Chairman, o	r any officer listed in number 12 of the application)

14. Mitchell Goodman, Vice President, General Counsel and Secretary (Typed or printed name and capacity of person signing application)

FAMILY VISION CENTERS, INC.

OFFICERS*

OFFICE	NAME	BUSINESS ADDRESS
President and Chief Executive Officer	James W. Krause	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Vice President, General Counsel, and	Mitchell Goodman	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Secretary Vice President, Chief Financial	Angus C. Morrison	296 Grayson Hwy., Lawrenceville, GA 30045-5793
Officer, and Treasurer Assistant Secretary	Laurie Forbes-Dilbeck	296 Grayson Hwy., Lawrenceville, GA 30045-5793

^{*}Per Unanimous Consent of Board of Directors of FAMILY VISION CENTERS, INC., dated October 5, 1998.

DIRECTORS*

NAME	BUSINESS ADDRESS	9 × ×
Mitchell Goodman	296 Grayson Hwy., Lawrenceville, GA 30045-5793	JAN 2
James W. Krause	296 Grayson Hwy., Lawrenceville, GA 30045-5793	
Angus C. Morrison	296 Grayson Hwy., Lawrenceville, GA 30045-5793	10: Sla

^{*}Per Action by Consent of the Sole Shareholder of FAMILY VISION CENTERS, INC., dated October 5, 1998.

SHAREHOLDER

FRAME-N-LENS OPTICAL, INC. is sole shareholder of FAMILY VISION CENTERS, INC.

State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FAMILY VISION CENTERS. 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 JWENTY-SECOND DAY OF

DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES

AND I DO HERERY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEER FILED TO DATE.

SECRETARY OF STATE CHARLES OF STATE STATE

Edward J. Freel, Secretary of State

DATE:

AUTHENTICATION:

9479751

12-22-98