

GO BUCKS!

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FOCUS Optical 1:td.	
(Corporation Name)	(Document #) 300052727630 -04/15/0201064008
(Corporation Name)	(Document #) ***********************************
(Corporation Name) 4(Corporation Name)	(Document #)
Walk in Pick up time _ Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 2, 2002

GHOHESTANI P.O. BOX 1066 WEST CHESTER, OH 45071-1066

SUBJECT: FOCUS OPTICAL, LTD. Ref. Number: W02000010879

We have received your document for FOCUS OPTICAL, LTD. and check(s) totaling \$125.00. However, your check(s) and document are being returned for the following:

Please accept our apology for failing to mention this in our previous letter.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 002A00027265



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 17, 2002

GHOHESTANI P.O. BOX 1066 WEST CHESTER, FL 45071-1066

SUBJECT: FOCUS OPTICAL, LTD. Ref. Number: W02000010879

We have received your document for FOCUS OPTICAL, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 802A00022964

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SEGRETARY OF STAFF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	TICAL, Ltd. Co.	
ARTICLE II - Addres		
The mailing address an	d street address of the principal office of the Limited Liab	ility Company is:
9610 Nor	chester Cir.	
	FL 33647	18 4
ARTICLE III - Regist	tered Agent, Registered Office, & Registered Agent's S	orgnature:
The name and the Flori	da street address of the registered agent are:	
	MASOUD G. BOJD	
	Name	
	MASOUD G. BOJD Name 9618 Norchester Cir.	
	Florida street address (P.O. Box NOT acceptable)	
	TAMPA , FL 33647	
	City, State, and Zip	·
	registered agent and to accept service of process for the al	
registered agent and ag	e place designated in this certificate, I hereby accept the ap gree to act in this capacity. I further agree to comply with i proper and complete performance of my duties, and I am fo	pointment as the provisions of all
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)