CT CORPORATION CORPORATION(S) NAME	SYSTEM OOM	10210	0
Soper International Opthalmic	es, LLC		
	-		•
- to a	istored in 1871-1971 - T.		
		1000035	 3157410
		-12/28/ ****13	UU
* ************************************	·		
() Profit () Nonprofit	() Amendment	() Merger	
Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	AP 00 DEC
() Limited Partnership	() Annual Report	() Other	PAR PAR 28
8-rrc	() Name Registration	() Change of RA	
() ()	() Fictitious Name	() UCC Secus	ED PHIS:
() Certified Copy	() Photocopies	COS	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name Availability Document	12/28/00	Order#: 3475344 OF C	RECEIVED
Examiner		Ref#:	
Updater Verifier		LOBIT	VED NED

JB287D

Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier ____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 618.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	PANY IO IRANSACT BUSINESS IN T		STATE OF FLORIDA:		
i. Soper Incei	rnational Opthalmics, LL (Name of foreign	i C n lim	ited liability company)		_
2. Delaware		~	84-1566385		
	law of which foreign limited liability	3,	(FEI number, if applicable)		-
4 November 9, 2	2000	5.			_
(Date of	f Organization)		(Duration: Year limited liability company will exist or "perpetual")	cease to	
6. November 9, 2	:000			_	
		ee se	ctions 608.501, 608.502, and 817.155, F.S.)		
7. <u>23714 Wayne's</u>	Way	••••			-
Golden, Color	ado 80401				<u>.</u>
	(Street address	s of	principal office)	·	
8. If limited liability	company is a manager-manage	d co	mpany, check here		
9. The usual business	s addresses of the managing me	mba	ers or managers are as follows:		
David J. Dough	erty 23714 Wayne's Way	, G	olden, CO 80401		.
Robert J. Smer	t 2401 Post Road, Sara	150	ta, FL 34231-5513		
					
Soper Family T	rust 3101 Sackett Str	<u>eet</u>	Houston, TX 77227		• • •
					-
he jurisdiction under the la	catificate of existence, no more than 9 w of which it is organized. (A photoco uncler outh of the translator must be suit	oy is	s old, duly authenticated by the official having cust not acceptable. If the certificate is in a foreign lang ad.)	ody of rea usgs, a	coxds in
1. Nature of busines	s or purposes to be conducted of	or pr	omoted in Florida:		
manufacture an	d distribute rigid and a	of	contact lenses.		
	David A. Doug	Q.	Ly		-
	Signature of a member or an an	itho	rized representative of a member.		
	(In accordance with section 608.408(3), I an affirmation under the penaltics of per	F.S., 1	the execution of this document constitutes		
	David J. Dougherts			Ęğ	00
*1	Typed or printed		me of signee		R

FL057 - 11/1/99 C C System Oaline

APPHUVEE AND FILED ODDEC 28 PM12: 56 SECRETARY OF STATE NALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Soper International Opthalmics, LLC
2. The name and the Florida street address of the registered agent and office are:
C T Corporation System
(Name)
c/o C T Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box_NOT ACCEPTABLE)
Plantation FL 33324
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

1	
0	
_ Counice Man	A
Course Buzas	(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

00 DEC 28 PM2: 56

C T Corporation System

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOPER INTERNATIONAL OPHTHALMICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2000.

AND_I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO_DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

) m

DATE: 12-15-00