

MO2000003031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

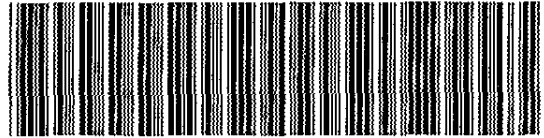
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800008712878

RECEIVED

02 NOV 18 AM 11:51

FILED

02 NOV 18 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/18  
cust



ACCOUNT NO. : 072100000032

REFERENCE : 822312 4306747

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 160.00

ORDER DATE : November 18, 2002

ORDER TIME : 10:26 AM

ORDER NO. : 822312-005

CUSTOMER NO: 4306747

CUSTOMER: Mr. Christopher Kawa  
Honigman Miller Schwartz And  
Suite 2290  
660 Woodward Avenue  
Detroit, MI 48226

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 18 PM 1:09

FILED

FOREIGN FILINGS

NAME: LENS EXPRESS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER: \_\_\_\_\_



**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:

Lens Express 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.*

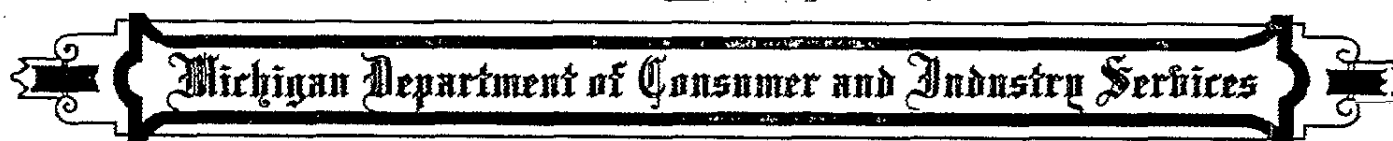
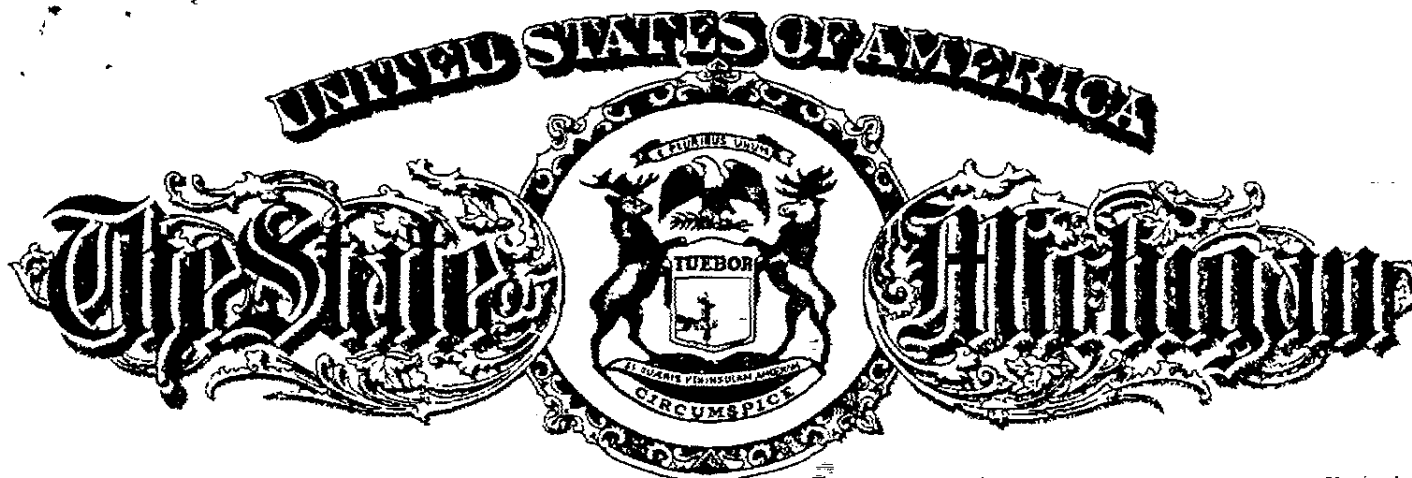
C T Corporation System

  
(Signature)

Jennifer L. Gollbach  
Asst. Secretary

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

**FILED**  
02 NOV 18 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Lansing, Michigan

*This is to Certify That*

LENS EXPRESS LLC

*a Michigan limited liability company, was formed on November 13, 2002.*

*I FURTHER CERTIFY that a Certificate of Dissolution has not been filed and the Articles of Organization are in full force and effect as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of November, 2002*

*Andrew S. Mitchell*, Director

Bureau of Commercial Services