Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000067174 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name ,: BUSINESS FILINGS

Account Number : 105256001620

: (608)827-5300 Phone

Fax Number : (608)827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

American Eyewear LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

A. LUNT MAR 24 2009 EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H090000 471743

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

American Eyewear LLC	ility Company; must include "Limited Liability Company," "L.	t C " or "H C "
(Manie of Loreign Printed Piao	ing Company, must include Dilation Diability Company, 12.	.D.O., OI DIJO.)
(If name unavailable, enter alternate na consent of the managers or managing named Company," "L.L.C.," "LLC.")	ame adopted for the purpose of transacting business in Florida a numbers adopting the alternate name. The alternate name must	and attach a copy of the written include "Limited Liability
Georgia (Jurisdiction under the law of which company is organized)	foreign limited liability (FEI number, if app	plicable)
4. 2/10/2009 (Date of Organization	5 Perpetual (Duration: Year limited liability	Commany will coase to
6. Upon Filing	exist or "perpetual")	MAR Z
(Dath first	transacted business in Florida, it prior to registration.) is 608.501 & 608.502 F.S. to determine penalty liability)	SEE, FL
7. 5615 Rocklake Drive, College P	ark, Georgia 30349	L'S ATI
	(Street Address of Principal Office)	<u> </u>
	s a manager-managed company, check here addresses of the managing members or managers are	e as follows:
Corrinne Minto, 5615 Rocklake	Drive, College Park, Georgia 30349	
10. Attached is an original certificate of a the jurisdiction under the law of which it translation of the certificate under oath or	existence, no more than 90 days old, duly authenticated by the officits organized. (A photocopy is not acceptable. If the certificate is in	ial having custody of records in n a foreign language, a
11. Nature of business or purpor	ses to be conducted or promoted in Florida:	
(In accordance an affirmation	of a demoter or an authorized representative of a medice with section 608.408(3), F.S., the execution of this document constitution under the penalties of perjury that the facts stated herein are true.)	
Cortinne M	Tuned or printed name of signee	

4090000471743

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	18:	
American Eyewer	ar LLC		
If name unavaila	ble, the alternate name to be us	sed in the state of Florida is:	
2. The name and	I the Florida street address of th	he registered agent and office are:	2009 MAR 23 SECRETARY TALLAHASSEE
	Business Filings Incorporated		45 A
(Name)		- SSA 2	
1203 Governors Square Blvd, Suite 101,			
Fiorida Street Address (P.O. Box NOT ACCEPTABLE)		9: 50 ORIDA	
,	Tallahassee	FL 32301-2960	0,
•		City/State/Zip	
liability company agent and agree i relating to the pro	at the place designated in this c to act in this capacity. I further to oper and complete performance	ecept service of process for the above sertificate, I hereby accept the appoin agree to comply with the provisions o of my duties, and I am familiar with a provided for in Chapter 608, Florida	tment as registered of all statutes and accept the

Mark Williams, A.V.P., Business Filings Incorporated

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

H090000471743

Control No. 09009976

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE **OF EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia. hereby certify under the seal of my office that

AMERICAN EYEWEAR LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/10/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of March, 2009

Karen C Handel Secretary of State

Haun CHandel

Certification Number: 3782581-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp