

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.

(((H12000019489 3)))



H120000194893ABC1

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

To:

Division of Corporations

Fax Number

: (050)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL Account Name

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Delray Optical, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>E</u>	Delray Optical, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C" or "LLC.")				
	(Table of Fotolga Editional Entropy Company) and a company of the				
cons	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written cut of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C." "L.L.C.")				
	Vyoming 3. Unisdiction under the law of which foreign limited liability (FEI number, if applicable) mpany is organized)				
4. ي	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease tell exist or "perpetual")				
6.					
V	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.5, to determine penalty liability)				
7. 504 East Atlantic Avenue					
_	Delray Beach, FL 33483				
	(Street Address of Principal Office)				
8. I	f limited liability company is a manager-managed company, check here 🗹				
9. The name and usual business addresses of the managing members or managers are as follows:					
,	Raul Pujol, 504 East Atlantic Avenue Delray Beach, FL 33483				
-					
•					
the ju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in visition under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under eath of the translator regular submitted.)				
_	Nature of business or purposes to be conducted or promoted in Florida:				
_	A Company of the Comp				
	Signature of a nember or an authorized representative of a member.				
	(In accordance with section 608 408(3), P.S., the execution of his opcurrent constitues an affirmation under the				
	penalties of perjury that the facts stated herein are true and amagine that any false information submitted in a document to the Department of State constitutes a tribut degree felony as provided for in s.817.155. F.S.)				
	Raul Pulor, Manager by: Kristine Roy, as Attorney-in-Fact				

Typed or printed name of signee

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 Limit	ed Liability Company	y 18:				
Delray Optical,	LLC					
If unavailable, the alterna	te to be used in the st	ate of Florida	is:			
2. The name and the Flor	ida street address of t	the registered a	agent and office are:			
	Felicia J. N	Murciano, P	⁹ .A.			
		(Name)				
1580 Sawgrass Corporate Parkway, Suite 130 Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Sunrise	FL City/Surte/Zip	33323			
liability company at the place agent and agree to act in trelating to the proper and obligations of my position	consignated in this his capacity. Further complete performance as registered agent as (Signature J. Murciano, F.A., 18 Roy, as Aytorney-\$ 100.00 E \$ 25.00 E \$ 30.00 C	certificate, I he caggee to comp of my duties, a provided for in Redistered in-Fact Cling Feetor A Designation of Certified Copy	Application Registered Agent			

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Delray Optical, LLC

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 21, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000615082**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of January, 2012 at 7:31 AM. This certificate is assigned 011471121.



May Massisson

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is Immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.