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Certified Copies	_ Certificate	s of Status	
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EXAMINER



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2012

YONATHAN YEHEZKEL 800 WEST AVENUE #945 MIAMI BEACH, FL 33139

SUBJECT: GEOLENSE L.L.C. Ref. Number: W12000022836



We have received your document for GEOLENSE L.L.C. and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 012A00012635

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: OUT EVES L.L.C. Name of Limited Liability Company	·
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifical Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please return all correspondence concerning this matter to the following:	
Vaathan Vehezkel	
Name of Person	82
OUR EYES LLC Firm/Company	
800 West Avenue #945, Miami Beach FL 3313	9
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate Of Status & Certified Copy	

· 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:
1. OUR EYES, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Adopted Name: GEOLENSE L.LC.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware, USA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. April 10th 2012 (Date of Organization) 5. Per pet vol (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 800 west Avenue, Mani Beach FL 33139
(Street Address of Principal Office) 8. If 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:
800 west home #945
Mani Beach FL 33139
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Ulbsite
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), E.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Yonathan theretel
Typed or printed name of signee

CEKTIFICATE 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.

	the Limited Liability Company is:	
	he alternate to be used in the state of Florida is: (FEO LENSE L.L.C.	
2. The name and	d the Florida street address of the registered agent and office are:	
	Yonathan Chezkel (Name)	
	(Name)	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	129
	Mani Beach FL 33139 City/State/Zip	
-	ned as registered agent and to accept service of process for the above stated limited v at the place designated in this certificate, I hereby accept the appointment as registered	i

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, Florida Statutes.

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

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or !	Managing
Members of Our Eyes, LLC	10
(Name of Limited Liability Company)	VIII 10 125
a limited liability company duly organized and existing under the laws of	
Delaware, USA	بن
(State or Country of Organization)	
Because the name of this foreign limited liability company does not satis	fy the
requirements of the s. 608.406, F.S., the limited liability company hereby	adopts the
following name to transact business in the state of Florida:	
GEOLENSE L.L.C.	· •
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Company, L.L.C., or LLC.)	Liability
Date: 4/22/12	
Signature(s) of Manager(s) and/or Managing Member(s):	
1/orathan	ehezke l
	•
	<u></u>

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OUR EYES, 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 THIRTIETH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OUR EYES, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5137599 8300

120488858

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9538032

DATE: 04-30-12

You may verify this certificate online at corp.delaware.gov/authver.shtml