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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

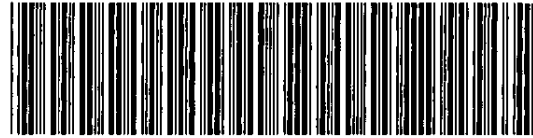
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12 NOV 29 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 DEC 29 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AmunWave Tactical Optics LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Lauren L. Zimmer

Name of Person

AmunWave Tactical Optics LLC

Firm/Company

Box 368347

Address

Bonita Springs, FL 34136

City/State and Zip Code

info@amunwave.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren L. Zimmer

Name of Person

at (239)

273-1919

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. AmunWave Tactical Optics LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Wyoming

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1247908

(FEI number, if applicable)

4. November 1, 2012

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. November 1, 2012

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 25110 Bernwood Drive #106, Bonita Springs, FL 34135

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

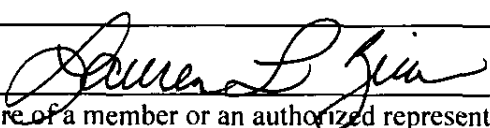
9. The name and usual business addresses of the managing members or managers are as follows:

Lauren L. Zimmer, Box 368347, Bonita Springs, FL 34136

Thomas F. Lachner, Box 368347, Bonita Springs, FL 34136

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: wholesale eyewear


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.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.)

Lauren L. Zimmer

Typed or printed name of signee

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12 NOV 29 AM 10:55
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TALLAHASSEE, FLORIDA
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SECRETARY OF STATE
TALLAHASSEE, 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:

AmunWave Tactical Optics LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Lauren L. Zimmer
AmunWave Tactical Optics LLC

(Name)

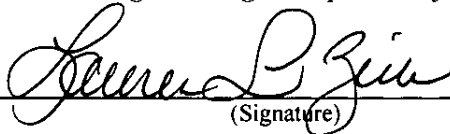
25110 Bernwood Drive #106

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Bonita Springs FL 34135

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, Florida Statutes.



(Signature)

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

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION


AmunWave Tactical Optics LLC

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **1st** day of **November, 2012**.



Filed Date: 11/01/2012


Secretary of State

By: Bryci Achter



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

Max Maxfield, WY Secretary of State

FILED: 11/01/2012 01:52 PM

ID: 2012-000632054

**Limited Liability Company
Articles of Organization**

1. Name of the limited liability company:

AmunWave Tactical Optics LLC

2. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)

Incorp Services, Inc.
1621 Central Ave.
Cheyenne, WY 82001

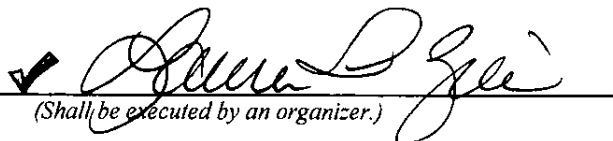
3. Mailing address of the limited liability company:

PO Box 368347
Bonita Springs, FL 34136

4. Principal office address:

25110 Bernwood Drive #106
Bonita Springs, FL 34135

Signature:


(Shall be executed by an organizer.)

Date: 10/24/2012

(mm/dd/yyyy)

Print Name: Lauren L. Zimmer

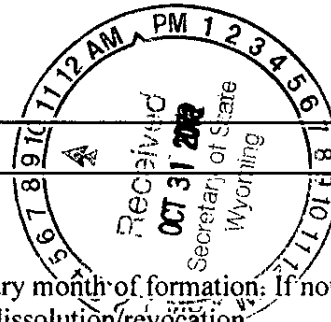
Contact Person: Lauren L. Zimmer

Daytime Phone Number: 239-287-0485

Email: lightek1@aol.com

Other Requirements:

- An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



**Wyoming Secretary of State**

State Capitol Building, Room 110

200 West 24th Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Fax 307.777.5339

Email: Business@wyo.gov**Consent to Appointment by Registered Agent**I, Incorp Services, Inc., registered office located at*(name of registered agent)*1621 Central Ave.
Cheyenne, WY 82001

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*as the registered agent for AmunWave Tactical Optics LLC*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature:  on behalf of Incorp Services, Inc.Date: 10/24/2012*(Shall be executed by the registered agent.)**(mm/dd/yyyy)*Print Name: Amber RaglandDaytime Phone: (702) 866-2500Title: Authorized RepresentativeEmail: amber.ragland@incorp.comRegistered Agent Mailing Address
(if different than above):***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
*(Shall be executed by the registered agent.)*Date: _____
*(mm/dd/yyyy)***Checklist**

- ☒ Submit one **originally signed** consent to appointment and one exact photocopy.