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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

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:		
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Foreign Limited Liability Company Optical Distributor Group, LLC

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

### 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 LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1.	Optical Distributor Group, LLC	
	(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
Co	isent of the managers or managing members adopting the afterna mpany," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2.	New York 3.	43-1995076
(	Jurisdiction under the law of which foreign limited liability company is organized)	(FBI number, if applicable)
4.	January 27, 2003	perpetual
	(Date of Organization)	(Duration: Year limited liability company will cease to
б.		The second secon
	(Date first transacted business in Flori (See sections 608.501 & 608.502 P.S. te	da, if prior to registration.) o determine penalty liability)
7.	12301 NW 39th Street	<u> </u>
	Coral Springs, FL 33065	
	(Street Address of	Principal Office)
8,	If limited liability company is a manager-managed co	ornpany, check here
9.	The name and usual business addresses of the manag	ging members or managers are as follows:
	See Exhibit A attached	
		·
the tran	Attached is an original certificate of existence, no more than 90 de jurisdiction, under the law of which it is organized. (A photocopy slation of the certificate under eath of the translator must be subm.  Nature of business or purposes to be conducted or p	itted.)
11.	Transfer of business of purposes to be equiposed of p	MONIOCCE III FIORICIA.
•	famfolla	
	Signature of a member or an auth	orized representative of a member.
	(In accordance with section 608.408(3), P.S., the execution penalties of perjury that the facts stated herein are true.	inn of this document constitutes an affirmation under the I am aware that any faise information aubmitted in a
	document to the Department of State constitutes a	tinird degree folony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Paul Sherman, Chief Financial Officer

#### 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:

### Optical Distributor Group, 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:

## Corporate Creations Network Inc.

#### 11380 Prosperity Farms Road #221E

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

Palm Beach Gardens FL 33410 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.

Valerie Hawk-Donohue, Special Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

EXHIBIT A  Managers of Optical Distributor Group, LLC				
Name	Address			
Douglas F. Londal	12301 NW 39th Street			
	Coral Springs, FL 33065			
Mathew J. Lori	12301 NW 39th Street			
	Coral Springs, FL 33065			
Lawrence Benjamin	12301 NW 39th Street			
	Coral Springs, FL 33065			
Lars Johansson	12301 NW 39th Street			
	Coral Springs, FL 33065			
Angel I. Alvarez	12301 NW 39th Street			
	Coral Springs, FL 33065			
Brad Weinbrum	12301 NW 39th Street			
	Coral Springs, FL 33065			

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# State of New York Department of State State

I hereby certify, that OPTICAL DISTRIBUTOR GROUP LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/27/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

- A Biennial Statement was filed 01/07/2005.
- A Biennial Statement was filed 01/23/2007.
- A Bienniel Statement was filed 01/23/2009.
- A Biennial Statement was filed 12/23/2010.
- A Biennial Statement was filed 02/28/2013.

Certificate of Change was filed on 03/04/2013.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW OF ATTACK

Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of March two thousand and thirteen.

Daniel Shapiro

Special Deputy Sccretary of State

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