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APR 28 APIS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 118703 7665311

AUTHORIZATION : Capula Ble ma

COST LIMIT : \$ 125.00

ORDER DATE: April 27, 2016

ORDER TIME : 12:43 PM

ORDER NO. : 118703-005

CUSTOMER NO: 7665311

FOREIGN FILINGS

NAME: EYETOWER LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	ns					
SHRI	eyeTower LLC						
5015	,jsc1.	Name of	Limited Liability (Company		•	
		reign Limited Liability Comped to register the above refer					
Please	e return all correspondence	concerning this matter to the	following:			•	
		N	ame of Person			-	
	eyeTower LLC	2				_	
		F	irm/Company				
	2711 Centerville Road, Suite 300, PMB 160						
			Address			_	
	Wilmington, I	DE 19808					
	City/State and Zip Code						
					No.	2016 A	-Π
For fu	orther information concerni	E-mail address: (to be use ng this matter, please call:	d for future annual	report not	intication)	APR 27	
			at ()	رُّ بِينَ سارُ سار	ם א	Ö
	Name	of Contact Person	Area Code	Day	time Telephone Number	2: C	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	Γ ADDRESS:	00	
Enclo	sed is a check for the follow ■ \$125.00 Filing Fee	wing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	ıg Fcc &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

l. eyeTower LLC	SUVESS IN THE STATE OF PLOKIDA		hilia Camana 2 M A C 22 au 6	(T) C 20)	
(Name of Pore	eign Limited Liability Company; mus	st include "Limited Lia	omy Company, "L.L.C.," or "	LLC.")	
Liability Company," "L.L.C,"	ternate name adopted for the purpose " or "LLC.")	e of transacting busines	s in Florida. The alternate name	e must include "Limited	
2. Delaware		3. 81-1736930			
company is organized)	of which foreign limited liability		(FEI number, if applicable)		
4. Upon filing	(Date first transacted busine	oo in Florido if minute	- maintentine V		
	(See sections 605.0904 & 605.	.0905, F.S. to determine	e penalty liability)		
5. 2711 Centerville Road	, Suite 300, PMB 160				
Wilmington, DE 19808					
	(Street Address of F	Principal Office)			
6. 2711 Centerville Road,	Suite 300, PMB 160				
Wilmington, DE 19808	3				
	(Mailing A	Address)		~ ~	
7. Name and street addres	s of Florida registered agent: (P.	.O. Box NOT accept	table)	72	-17
Name:	Corporation Service Company		_	圣 雪	
Office Address:	1201 Hays Street		_	APR 27	
	Tallahassee		, Florida 32301	THE TO	-
	(City)		(Zip code)	2.	<u></u>
Registered agent's accep Having been named as re	tance; gistered agent and to accept serv	vice of process for th	a ahova statad limitad linkil	カ と ニ	rea.
designated in this application	tion, I hereby accept the appoint	tment as registered a	gent and agree to act in this	s capacify. I further a	gree
	ons of all statutes relative to the p my position as registered agent.	proper and complete	e performance of my duties,	and I am familiar wit	h ana
accept the oongutions of t	Corporation Service Compan	V M V	Melissa 2	Zender	
	By: (Registe	tered agent's signature)	Asst. Vice 1	President	
0 Tt (M					
8. The name, title or capa Todd Carpenter, Manager	acity and address of the person(s)	wno nas/nave author	rity to manage is/are:		
		ili		The desired state of the section of	
2/11 Centerville Ro	ad Suite 300 PMB 160, Wi	imingion, DE 19	7808		
					
Attached is a certificate	of existence, no more than 90 da	we old duly authentic	cated by the official bassing c	vetady of records in th	ı.a
	of which it is organized. (If the co				
of the translator must be su	*				
		UL Carpenter			
	Signature	of an authorized perso	n		
	I in accordance with section 605.0 the Department of State constitu				
	Todd Carpenter				
	Туред ог р	printed name of signee			

<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EYETOWER 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EYETOWER LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202220023

Date: 04-27-16

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SR# 20162611321