# PPPECOCOOUM

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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SWARREN

#### **COVER LETTER**

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TO: Registration Section
Division of Corporations

SUBJECT:	Vision Optical, LLC	•				
SOBJECT:		Name of I	Limited Liability Company			
The enclosed Existence, ar	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	any for Authorization to Tra	insact Business in Florida," Certificate of company to transact business in Florida.		
Please return	all correspondence of	oncerning this matter to the	following:			
	Nghia Vo					
		N	ame of Person			
	Vision Optical,	LLC				
Firm/Company						
	1040 Dale Mabry Hwy					
Address						
	Lutz, FL 33548					
		City/S	ate and Zip Code			
	gatorseyedoc@g					
		E-mail address: (to be used	I for future annual report not	ification)		
For further in	nformation concernin	g this matter, please call:				
Ng	hia Vo		407 925-332 at ( )	20		
	Name o	f Contact Person		time 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				
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\frac{\pi}{2}\$\$ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

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

Vision Optical, LLC			C 2 w I C 2)	
(Name of Fore Vision Optical FL, LLC	eign Limited Liability Company; must include "Li	mited Liability Company, "L.L.	.C.," or "LLC.")	
	Iternate name adopted for the purpose of transacti	ng business in Florida. The altern	nate name must inclu	ıde "Limited
State of Delaware	2			
	of which foreign limited liability	(FEI number, if app	olicable)	
03/01/2016				
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)		
. 1040 Dale Mabry Hwy				
Lutz, FL 33548			n a	
	(Street Address of Principal Offi	ce)		c assistating
1040 Dale Mabry Hwy			100 100 190 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er - An Meisteadach ∰
Lutz, FL 33548				ngggarinengilli:
	(Mailing Address)		<u> </u>	
Name and street address	ss of Florida registered agent: (P.O. Box NC	)T accentable)	54 TO	O
Name:	Nghia Vo	<u>rr</u> acceptable)	IZ: 4.7 STATE	
Office Address:	7527 Rex Hill Trail		· ·	
	Orlando	, Florida 32818		
	(City)	Zip co	ode)	
esignated in this applica o complywith the provision occept the obligations of t	rgistered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent.  (Registered agent's security and address of the person(s) who has/ha	ristered agent and agree to accomplete performance of my	ct in this capacity. v duties, and I am	I further agr
527 Rex Hill Trail				
Orlando, FL 32818	•			
		n a foreign language, a transla		
	Signature of an authori	zed person		
	I in accordance with section 605.0203 (1) (b), the Department of State constitutes a third d			mation

Typed or printed name of signee

Nghia Vo

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "VISION OPTICAL, 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-FIFTH DAY OF JULY, A.D. 2015.

5770059 8300

151083795

AUTHENTICATION: 2588947

DATE: 07-25-15

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