M17000001723

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700296109077

03/01/17--01001--005 **160.00

17 FEB 28 FH 4: 01

THE SEE 28 A II: 31

FILED

S Warren MAR 0 1 2017

Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.INCserv.com

e-mail: info@incserv.com



"Serving your success"

Excellence in Corporate Services Since 1972

ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton

Building

2661 Executive Center Circle

Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE: 2/28/2017

PRIORITY Regular Approval

OUR REF.# (Order ID#) 560984

ORDER ENTITY MEDICAL OPTICS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MEDICAL OPTICS, LLC (FL)

File the attached foreign qualification document

Please provide a certified copy and certificate of status, thanks!

RETURN/FORWARDING INSTRUCTIONS:

epresentative

If you should have any questions, please contact me at 656-7956.

YVXna

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, February 28, 2017 Page 1 of 1

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:

| Medical Optics, LLC | | | |
|--|---|---------------------------------------|---|
| | eign Limited Liability Company; must incl | ude "Limited Liability Cor | npany," "L.L.C.," or "LLC,") |
| | | ansacting business in Flori | da. The alternate name must include "Limited |
| Liability Company," "L.L.C," | " or "LLC.") | 65-0741369 | |
| 2. Delaware (Jurisdiction under the law | of which foreign limited liability | | umber, if applicable) |
| company is organized) | , | • | |
| 4. N/A | (Data Guei transported business in | Elonida if anion to manistrat | ion) |
| | (Date first transacted business in (See sections 605.0904 & 605.0905 | F.S. to determine penalty | liability) |
| 5 | | | |
| 10320 West McNab Ro | oad, Tamarac, Florida 33321 | | |
| | (Street Address of Princi | • | €5 ∞ M |
| 6. | | | A II: 37 |
| Same as Above | | | ist = |
| | (Mailing Addre | ess) | |
| 7. Name and street address | ss of Florida registered agent: (P.O. B | ox NOT acceptable) | 7 |
| Name: | Incorporating Services, Ltd. | | |
| Office Address: | 1540 Glenway Drive | | |
| | Tallahassee | Flori | da 32301 |
| | (City) | , Flori | (Zip code) |
| designated in this applica to complywith the provision | egistered agent and to accept service of tion, I hereby accept the appointmen ions of all statutes relative to the prop my position as registered agent. | t as registered agent an | stated limited liability company at the place d agree to act in this capacity. I further agree nance of my duties, and I am familiar with and |
| | · | | |
| • | acity and address of the person(s) who | • | anage is/are: |
| Frank Malvasio Presider | nt 7170 NW 70 Terrace, Parkland, Fl | orida 33067 | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| | of which it is organized. (If the certifiubmitted) | cate is in a foreign langu | the official having custody of records in the lage, a translation of the certificate under oath |
| | Frank | Malvasio | |
| | Signature of a | authorized person | |
| | o the Department of State constitutes a | | I am aware that any false information rovided for in s.817.155, F.S. |
| | Frank Maluagio | | |

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MEDICAL OPTICS, 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-EIGHTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL OPTICS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2017.

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

6325264 8300 SR# 20171393351

Authentication: 202112753

Date: 02-28-17