Florida Department of State

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S. WARREN

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COVER LETTER

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	a check for the f 25.00 Filing Fee	Following amou S130.00 Filing Certificate of	Fee &	S155,00 F Certified		ce &	□ \$160.00 Filing Fee, of Status & Certifie	

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

	VIRTU	AL EYES IT, LI	LC cd Liability Company," "L.L.C.," or "I	
(Name of Fore	ign Limited Liability Company; m	ust include "Limit	ed Liability Company," "L.L.C.," or "I	.LC.")
f name unavailable, enter al lability Company," "L.L.C,	ternate name adopted for the purpor "LLC.")	se of transacting b	usiness in Florida. The alternate name	must include "Limited
NEVAI		3.	82-2954015	
(Jurisdiction under the law company is organized)	of which foreign limited liability		. (FEI number, if applicable)	
·	(Date first transacted busing (See sections 605,0904 & 60	ness in Florida, if p	prior to registration.)	
FO March I area Deces		15,0905, F.S. to del	termine benefith transmit)	
50 North Laura Street	Suite 2300			17
Jacksonville, Florida 3	32202			三 3 3 3 3
		f Principal Office)		FIL NOV 20
5. 50 North Laura Street S	Suite 2500			20 1
Jacksonville, Florida	32202			
	(Mailin	g Address)		
7 Name and street address	ss of Florida registered agent: ((S)
, rame and speet apples	United States Corporation Ag		•	28
Name:				<i>-</i>
Office Address:	13302 Winding Oak Court, S	uite A		
	Tampa		, Florida 33612	
Registered agent's accept	(City)	ervice of process	, Florida 33612 (Zip code) for the above stated limited (tabill)	ty conwany at the place
designated in this applicate complywith the provision accept the obligations of S. The name, title or cap	etance: rgistered agent and to accept so tion, I hereby accept the appoil tions of all statutes relative to the my position as registered agent (Reg	intment as register proper and con Choyenn behalf of istored agent's sign (s) who has/have	for the above stated limited liabilitiered agent and agree to act in this implete performance of my duties, in Moseley, Assistant Secretary on United States Corporation Agenta, Inc.	capacity. I further agree
Having been named as re designated in this applica to complywith the provisi accept the obligations of 8. The name, title or cap	etance: egistered agent and to accept secution, I hereby accept the appoil ons of all statutes relative to the my position as registered agency (Reg	intment as register proper and con Choyenn behalf of istored agent's sign (s) who has/have	for the above stated limited liabilitiered agent and agree to act in this implete performance of my duties, in Moseley, Assistant Secretary on United States Corporation Agenta, Inc.	capacity. I further agree
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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Movada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, VIRTUAL EYES IT, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 26, 2017, and is in good standing in this state.

Boulona K. Cegovste

office on November 9, 2017.

Barbara K. Cegavske Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20171109-0226
You may verify this electronic certificate
online at http://www.nvsos.gov/