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PICK-UP	☐ WAIT	MAIL
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TALLAHASSEE FLORIDA

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May 15, 2018

CYNTHIA HUSSEY 265 W 37TH ST #1203 NEW YORK, NY 10018 US

SUBJECT: EYE STUDIO,LLC Ref. Number: W18000046044

We have received your document for EYE STUDIO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 318A00010103

RECEIVED

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## COVER LETTER

Division of Corporations
SUBJECT: EYE STUDIO ILLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
CYNTHIA HUSSEY  Name of Person
Name of Person /
EYE STUDIO, LLC Firm/Company
Firm/Company
265 W. 37th ST #1203
Address
NEW YORK NY 10018  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CYNTHIA HUSSey at 212, 575 4866  Name of Contact Person at 212 Daytime Telephone Number
MAILING ADDRESS: Division of Corporations  Division of Corporations  Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, Fl. 32314  2661 Executive Center Circle Tallahassee, Fl. 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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 LIA COMPANY TO TRAESSACT BUSINESS IN THE STATE OF FLORIDA:	BILITY
. EXE STILDIN 110	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L. C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C.")	
, DELAWARE 3 2D-8480070	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. (Date first transacted business in Florida, if prior to registration.)	
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
5. (Street Address of Principal Office)  (Mailing Address)	
# 122 100/1 0 mil + 22110	
BUZA RAIUN PU 33/87	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Zg
Name: CYNTHIA TOUSSEU	<b>∑</b> S
251 BONUAL SOVIED OVILLE #127	X
Office Address: ON ORDREN WIND PARTY 231107.	SEI
(City) Florida J.) (Zip code)	20
Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company and e	
designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I faither	<b>₽</b> €
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v and accept the obligations of my position as legistered agent.	vith
and accept the configurations of his position as to established	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Title or Capacity: Name and Address: Title or Capacity: Name and Address:	
Marasin Cynthia thissey	
Member 351 Beoken Soundapark way	
60/4 PANIL + 221/67	
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	the
of the translator must be submitted)	Oatn
10. This document is executed in accordance with section. 605.0203 (1) (b), Florida Statutes. I am aware that any false information	i
submitted in a document to the pepartment of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Signature of an authorized person	
Cynthia thissey	



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

DELAWARE, DO HEREBY CERTIFY "EYE STUDIO, 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 FIRST DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EYE STUDIO, LLC"

WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2017.



Authentication: 202802329

Date: 06-01-18