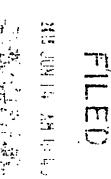
## M1900005843

(Requestor's Name)
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19 WHILL MID: 45

Z BROWN JUN 1 7 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 798032 \_ 7435048

AUTHORIZATION : Oxpuls being

COST LIMIT : \$ 125.00

ORDER DATE: June 10, 2019

ORDER TIME : 10:20 AM

ORDER NO. : 798032-360

CUSTOMER NO: 7435048

## FOREIGN FILINGS

NAME: ALCON VISION, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPILANCE 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:

l'name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	onda. The alte	emate name must inch	ide "Limited Liability Co	empany," "L. L.	C," or "LLC	
DE 2. (Jurisdiction under the law of which foreign limited liability company is organized)			75-2252369 3. (FEI number, if applicable)				
•	(Date first transacted business in Florida, if prior to (See sections 605 0004 & 605 0005, F.S. to determ	registration ) line penalty lia	ability)		_		
6201 South Freeway (Street Address of Principal Office)		6201 South Freeway		in the case			
		(), <sub>=</sub>	<del></del>	(Mailing Address)	₩ - 13 F	<u> </u>	
Fort Worth, Texas 76134		Fort Worth, Texas 76134		nj Vini egy			
		_			νος <sub>ξ</sub>  	3	
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT ac	eceptable)		Sec. 2	<u> </u>	
Name:	Corporation Service Company						
Office Address:	1201 Hays Street						
	Tallahassee		, Florida	32301			
	(City)			(Zip code)	_		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Roxanne Turner

Asst. Vice President

Corppretion Semice Company

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Sergio Duplan Michael Onuscheck × Manager × Manager Address: 6201 S. Freeway 6201 S. Freeway Member Address: Member Fort Worth, TX 76134 Fort Worth, TX 76134 Authorized Authorized Person Person Other Other\_\_\_\_ Other\_ Other Manager Manager Member Address: \_\_\_\_\_ Member Authorized Authorized Person Person Other Other Other\_ Manager Name: Manager Name: Member Address: \_\_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Tom Hudnall

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ALCON VISION, 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 TENTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALCON VISION, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2018.

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



Authentication: 202995589

Date: 06-10-19