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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2021

MARGIE MARSH 2311 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205

SUBJECT: EYE PARTNERS HOLDING COMPANY II, LLC

Ref. Number: W21000010620

We have received your document for EYE PARTNERS HOLDING COMPANY II, LLC and your check(s) totaling \$125.00. 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 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.

Yvette Scott Document Specialist II

Letter Number: 521A00002294

RECEIVED FEB 1 1 2021

COVER LETTER

TO:

	Registration Section Division of Corporations						
ciib ir <i>c</i>	Eye Partners Holding Company II, LLC						
SUBJEC	Name of Limited Liability Company						
The encl Existence	osed "Application by Foreign Limited Liability C e, and check are submitted to register the above re	Company for Authorization to Transact Business in Florid eferenced foreign limited liability company to transact bu	a," Certi siness ir	ificate of r Florida			
Please re	turn all correspondence concerning this matter to	the following:					
	Margie Marsh						
		Name of Person	_				
	Sirote & Permutt, P.C.						
		Firm/Company					
	2311 Highland Avenue South		2021 F	- falso			
		Address — [1]	1 83				
	Birmingham, AL 35205		ц РМ 3: I				
	City/State and Zip Code						
	mtolbert@sirote.com	<u> </u>	_ =				
	E-mail address: (to be	used for future annual report notification)					
For furth	ner information concerning this matter, please cal	ll:					
	Margie Marsh	205 930-5198 at ()	_				
	Name of Contact Person	Area Code Daytime Telephone Number	Г				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP \$\Blue{1}\$\$ \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee Certificate of	e & 🔲 \$155.00 Filing Fee & 🔟 \$160.00 Filing F					

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

IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Eye Partners Holding Co	ompany II, LLC				
(Name of Foreign I	united I tability Company, must include "I units	A Liability	Company TTC, or TTC)		
				1115	
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in F	Torida The	dternate name must include "Lumited Liability Compa-	PA 1. C W	, (
Alabama		3.	86-1467803		_
clurisdiction under the law of wh	ich forzign limited liability company is organized)		(Firl number, il applicati	ie)	
· Mana · Mr.	. Vian		77.	2021 FEB 14	व्य ुप्त
4. Upon quelities	(Date first transacted business in Unida, if prior to (See sections 60% 0904 a, 60% 1998 T/S) to determ	nuc penalty nuc penalty	hability)	EB	
2800 Ross Clark Circle	SW. Suite 1	б.	2800 Ross Clark Circle SW. Suite II	- <u> </u>	-M
5. (Street Address of Principal Office)		-	(Mailing Address)	OF PH	3
Dothan, AL 36301			Dothan, A1, 36301	S∏ည်	_
				mi —	
					-
7 Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> :	acceptable)		
T, Trume and <u>successors</u>	<u> </u>		•		
Name:	Zsolt Bansagi		<u> </u>		
Office Address:	2401 State Avenue		<u>-</u>		
	Panama City		32405 , Florida		
	(Cuy)	_	(Zip code)		

Registered agent's acceptance:

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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Sebastian B. Heersink Marnix E. Heersink Name: _ Manager Manager 2800 Ross Clark Circle SW 2800 Ross Clark Circle SW Address: □Member ☐ Member Suite 1 Suite 1 □ Authorized ☐ Authorized Dothan, AL 36301 Dothan, AL 36301 Person Person □Other_____ □Other_____ Other___ □Other___ □Manager Name: ____ Manager □Member Address: ☐ Member □ Authorized □ Authorized Person Person □Other_____ □Other Other___ Name: ______ □Manager Name: __ □Manager □Member Address: ______ 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.

Typed or printed name of signed

Sebastian B. Heesink

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

II, LLC was formed in Alabama, Alabama on January 14, 2021. The Alabama Entity Identification number for this entity is 829-828. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210209000012710

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/09/2021

Date

X. M. Menill

John H. Merrill

Secretary of State