

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

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January 12, 2022

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VIA FEDERAL EXPRESS

Re: Innovative Optics-FL, LLC

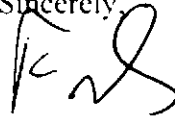
Dear Sir or Madam:

Enclosed please find original and one copy of the Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Also enclosed is check in the amount of \$125.00 payable to Division of Corporation for the filing fee.

Please file the Articles and stamp the copy of the Articles and return the copy to my office as soon as possible in the self addressed stamped envelope enclosed for your convenience.

If you have any questions or require any additional information or documentation, please do not hesitate to contact me.

Sincerely,



Fredric C. Jacobs

FCJ/lvz
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Innovative Optics-FL, LLC

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:

Fredric C. Jacobs

Name of Person

Bach, Jacobs & Byrne, P.A.

Firm/Company

240 S. Pineapple Ave., Suite 700

Address

Sarasota, Florida 34236

City/State and Zip Code

fred@sarasotaelderlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fredric C. Jacobs

941

906-1231

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

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 DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Innovative Optics, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Innovative Optics - FL, LLC

(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 "LLC.")

2. Minnesota
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. September 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6812 Hemlock Ln
(Street Address of Principal Office)

6. 6812 Hemlock Ln
(Mailing Address)

Maple Grove, MN

Maple Grove, MN

55369

55369

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Andy Barrows

Office Address: 8211 Blaikie Ct

Sarasota, Florida 34240
(City) (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.


(Registered agent's signature)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2021

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:

☐ Manager Name: Colleen M. Barrows Revocable..

☒ Member Address: ..Trust

☐ Authorized 8138 Archer Lane N

Maple Grove, MN 55311

 Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Thomas D. Barrows Revocable..

☒ Member Address: ..Trust

☐ Authorized 8138 Archer Lane N

Maple Grove, MN 55311

 Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Thomas D. Barrows

☐ Member Address: 8138 Archer Lane N

☐ Authorized Maple Grove, MN 55311

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

 Person

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Thomas D. Barrows
Signature of authorized person

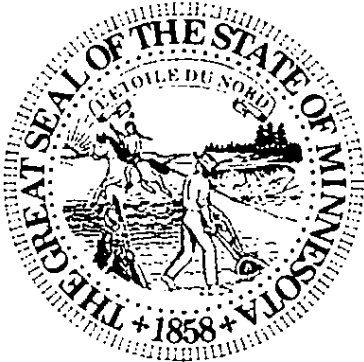
Thomas Barrows
Typed or printed name of signer

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

| | |
|------------------------------|------------------------|
| Name: | Innovative Optics, LLC |
| Date Filed: | 12/21/2010 |
| File Number: | 4106505-0 |
| Minnesota Statutes, Chapter: | 322C |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 11/29/2021



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota