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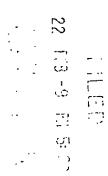
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| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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LEB SI SOSS

BACH, JACOBS & BYRNE, P.A.

240 S. Pineapple Avenue, Suite 700 Sarasota. FL 34236

Sean M. Byrne, Esquire Admitted in Florida sean@sarasotaelderlaw.com Lindsey E. Jones, Esquire Admitted in Florida lindsev@sarasotaelderlaw.com

Fredric C. Jacobs, Esquire, L.L.M.

Board Certified in 7ax Law

Of Counsel

Phone: 941-906-1231

Fax: 941-954-1185

VIA FEDERAL EXPRESS

February 1, 2022

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

Re: Vanalay, 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.

Sincerel

le ~~

Fredric C. Jacobs

FCJ/lvz Enclosures

COVER LETTER

| TO: | | ration Section n of Corporations | |
|--|-------------------------|--|---|
| SUBJE | Va ECT: | analay, LLC | |
| | | Nam | ne of Limited Liability Company |
| The end Existen | closed "A ice, and c | application by Foreign Limited Liability heck are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florid |
| Please | return all | correspondence concerning this matter t | 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 | |
| | | C | City/State and Zip Code |
| | | fred@sarasotaelderlaw.com | |
| | • | E-mail address: (to be | e used for future annual report notification) |
| For furt | ther infor | mation concerning this matter, please ca | II: |
| Fredric C. Jacobs | | : C. Jacobs | 941 906-1231 at () |
| | | Name of Contact Person | Area Code Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | ration Section on of Corporations Box 6327 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Please 1 | ed is a check for the following amount: make check payable to: FLORIDA DEP 5.00 Filing Fee | re & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate |

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

IN COMPLANCE 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:

| name unavailable, enter afternate n | name adopted for the purpose of transacting business in Fl | lorida The | alternate name must include "Lunited Lia | bility Compan | y ." "L.l. C," or "l | |
|-------------------------------------|--|--------------|--|------------------|----------------------|--|
| Minnesota | | 3. | N/A 3. (FEI number, if applicable) | | | |
| (Jurisdiction under the law of w | the law of which foreign limited liability company is organized | | (FEI numbe | r, if applicable | :) | |
| September 1, 2021 | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ | registration | liability) | | | |
| 6812 Hemłock Lane | | 6 | 6812 Hemlock Lane | | | |
| rect Address of Principal Office) | | 0. | (Mailing Address) | | | |
| Maple Grove, MN | | | Maple Grove, MN | | | |
| 55369 | | | 55369 | | 22 | |
| Name and <u>street addres</u> Name: | s of Florida registered agent: (P.O. Box Andy Barrows | NOT : | acceptable) | | ES -9 11 | |
| Office Address: | 6211 Blaikie Court | | | ; • | ् <i>द्रा</i> | |
| | Sarasota | | 34240 , Florida | | | |
| | (City) | | (Zip code) | | | |

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: Title or Capacity: Name and Address: Name: Innovative Optics, LLC Thomas D. Barrows ■ Manager ■ Manager Address: ____ Address: 8138 Archer Lane N ■ Member □Member Maple Grove, MN 55369 Maple Grove, MN 55369 □ Authorized ■ Authorized President, Secretary and Treasurer Person Person ☐Other_ Other □Other _____ □Other Name: Andy Barrows □Manager □Manager Address: ___ □Member □Member Address: Sarasota, FL 34240 **Authorized** □ Authorized Vice President Person Person Other___ □Other____ ☐Other____ Other____ □Manager Name: □Manager Name: _____ □Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person □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. Andrew Barrows

Typed or printed name of signee

Office of the Minnesota Secretary of State Certificate of Good Standing

1. 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:

Vanalay, LLC

Date Filed:

06/13/2019

File Number:

1088938700028

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

01/28/2022

Atere Vimm



Steve Simon

Secretary of State
State of Minnesota