

M22000611235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

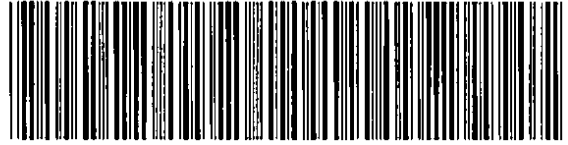
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 19 PM 3:42
CLERK
TALLAHASSEE
FLORIDA

S. FRANKLIN

JUL 20 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 821725 8376684

AUTHORIZATION

[Signature]

COST LIMIT : \$ 155.00

ORDER DATE : July 19, 2022

ORDER TIME : 2:59 PM

ORDER NO. : 821725-010

CUSTOMER NO: 8376684

2022 JUL 19 PM 10:16

FOREIGN FILINGS

NAME: VSP VENTURES OPTOMETRIC
SOLUTIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VSP Ventures Optometric Solutions 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:

Gina Cavanagh

Name of Person

VSP

Firm/Company

3333 Quality Dr. MS 163

Address

Rancho Cordova, CA 95670

City/State and Zip Code

ginaca@vsp.com

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

For further information concerning this matter, please call:

Gina Cavanagh

916

851-5069

at ()

Name of Contact Person

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

2022-1-19 PM 10:46

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. VSP Ventures Optometric Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

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

5. 3333 Quality Dr. MS 163
(Street Address of Principal Office)

6. 3333 Quality Dr. MS 163
(Mailing Address)

Rancho Cordova, CA 95670
Rancho Cordova, CA 95670

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

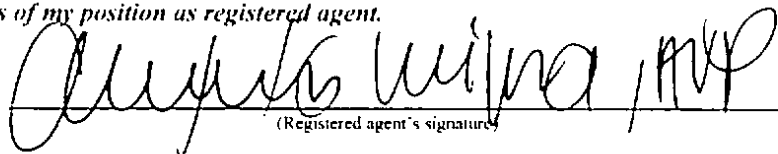
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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)

2022 JUN 19 PM 10:46

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: Tiffanie Burkhalter

☐ Member Address: 3333 Quality Dr.

☐ Authorized Rancho Cordova, CA 95670

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: See attached document

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: VSP Ventures Management Svcs

☒ Member Address: 3333 Quality Dr.

☐ Authorized Rancho Cordova, CA 95670

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.

DocuSigned by:

Lisa Fields

5B834681814C4C0...

Signature of an authorized person

Lisa P. Fields, Secretary

Typed or printed name of signer

VSP VENTURES OPTOMETRIC SOLUTIONS LLC

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA, CONT'D**

Other - Officers

Michael J. Guyette, CEO – 3333 Quality Dr., Rancho Cordova, CA 95670

Kassim "Alec" Mahmood, CFO – 3333 Quality Dr., Rancho Cordova, CA 95670

Christine J. Warren, Chief Legal Officer – 3333 Quality Dr., Rancho Cordova, CA 95670

Tiffanie Burkhalter, President – 3333 Quality Dr., Rancho Cordova, CA 95670

Lisa P. Fields, Secretary - 3333 Quality Dr., Rancho Cordova, CA 95670

Lester E. Passuello, Vice President, Finance – 3333 Quality Dr., Rancho Cordova, CA 95670

Monica R. Perez, Assistant Vice President of Finance – 3333 Quality Dr., Rancho Cordova, CA 95670

2022 JUN 19 PM 10:16

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VSP VENTURES OPTOMETRIC SOLUTIONS 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 EIGHTH DAY OF JULY, A.D. 2022.


2022 Jul 19 11:10:16



7501282 8300

SR# 20222918798

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 203866476

Date: 07-08-22