

Document Number Only

**M980000000/69**

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City State Zip Phone

CORPORATION(S) NAME

700002436437--7

-02/20/98--01065--016

\*\*\*\*250.00 \*\*\*\*250.00

700002436437--7

-02/20/98--01065--018

\*\*\*\*\*35.00 \*\*\*\*\*35.00

*Vista Express Network, LLC*

- ☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit  
☒ Limited Liability Company ☐ Dissolution/Withdrawal ☐ Mark  
☐ Foreign

- ☐ Limited Partnership ☐ Annual Report ☐ Other  
☐ Reinstatement ☐ Fict. Filing ☐ Change of R.A.  
☐ Limited Liability Partnership ☐ UCC-1 UCC-3  
☐ Certified Copy ☐ Photo Copies ☐ CUS

- ☐ Call When Ready ☐ Call if Problem ☐ After 4:30  
☒ Walk In ☐ Will Wait ☒ Pick Up  
☐ Mail Out

*M98-169*

Name Availability	<i>OK 220</i>
Document Examiner	<i>OK</i>
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Verifier	<i>OK</i>
Acknowledgment	<i>OK</i>
W.P. Verifier	<i>OK</i>

FEB 20 1998

Please Return Extra Copy(s)  
Filed Stamp

Thanks, Melanie

98 FEB 20 PM 2:02

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
98 FEB 20 PM 12:11  
DIVISION OF CORPORATIONS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Vista Eyecare Network, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present. Please Note: L.L.C. is not an acceptable suffix in Florida.)

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

3. 860891113  
(FEI number, if applicable)

4. September 5, 1997  
(Date of Organization)

5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Anticipate store opening on Saturday, February 21, 1998  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. c/o New West Eyeworks, Inc.  
2104 West Southern Avenue  
Tempe, Arizona 85282  
(Street address of principal office)

8. List and indicate in title space provided the name, title, and business address of each managing member[MGRM] or manager[MGR]. It is not necessary to list members.  
(attach additional page if necessary)

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DIVISION OF CORPORATIONS  
98 FEB 20 PM 3:02

NAME & ADDRESS:

TITLE:

NAME & ADDRESS:

TITLE:

New West Eyeworks, Inc. Sole Member

2104 West Southern Avenue

Tempe, Arizona 85282

Filing Fee: \$ 52.50 for Application

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of \_\_\_\_\_

Vista Eyecare Network, LLC deposes and says:

- 1) the above named limited liability company ~~has at least two members~~ <sup>which was formed in Delaware, has a sole member</sup>
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ \_\_\_\_\_. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1,000.00. This total includes amounts from 2 and 3 above.

New West Eyeworks, Inc.

By: 

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Byron S. Krantz, Secretary

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**Filing Fee: \$ 52.50 for Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

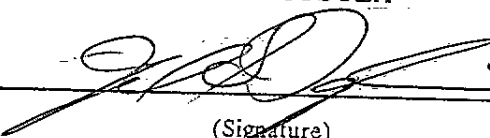
1. The name of the limited liability company is: \_\_\_\_\_  
Vista Eyecare Network, LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM  
(Name)  
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Road  
(P.O. Box not acceptable)  
Plantation, FL 33324  
(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T CORPORATION SYSTEM

By:  2-18-98  
(Signature) (Date)

**Gil S. Apellis, Asst. Secretary**

**FILING FEE: \$ 35 for Designation of Registered Agent**

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DIVISION OF CORPORATIONS  
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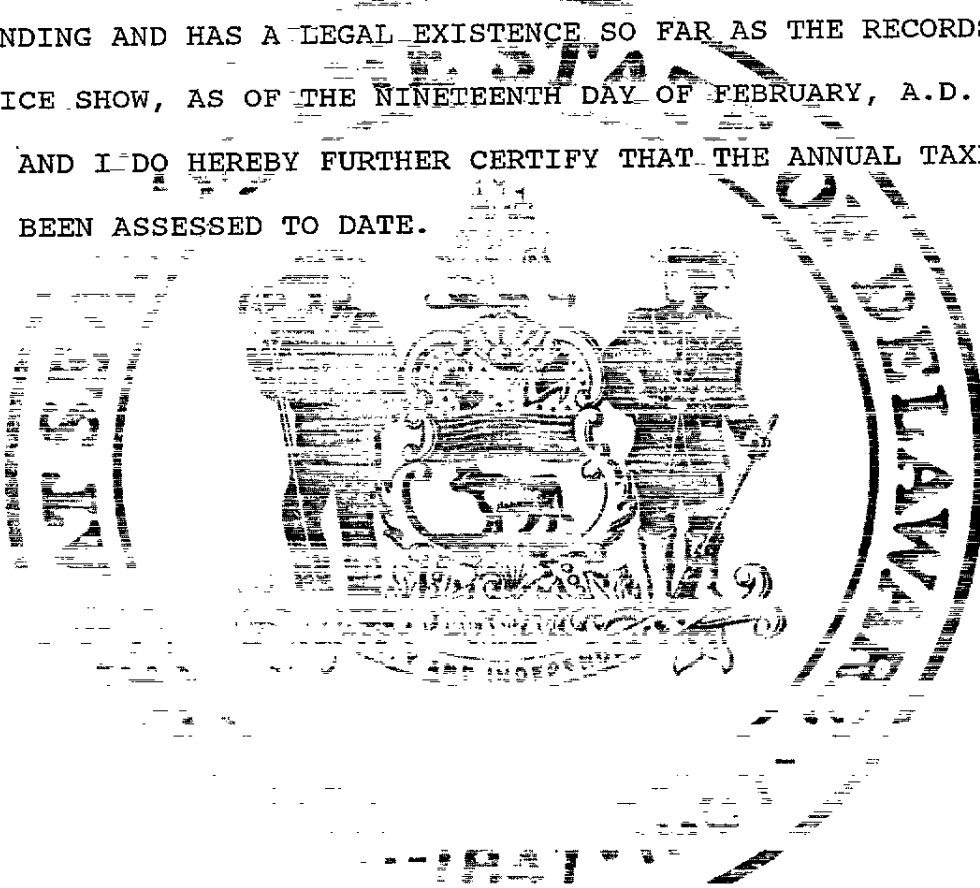
*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISTA EYECARE NETWORK, 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 NINETEENTH DAY OF FEBRUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Edward J. Freel*

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8927671

02-19-98

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