

P/5000072449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

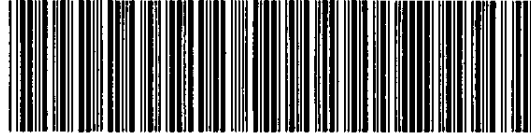
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/27/15--01016--001 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 AUG 27 AM 10:00

09/03/15

AVALON EYEWEAR, INC.

170 LEGRAND AVENUE

NORTHVALE, N.J. 07647

Phone: 888-767-0383 Fax: 800-627-7280

August 26th, 2015

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Lab Tech Florida, Inc (filing)
For FL "Articles of Incorporation"

Dear Sir,

Enclosed please find our check in the amount of \$87.50 along with our completed Original "Articles of Incorporation" for our new corporation in the state of Florida:
"Lab-Tech Florida, Inc."

+ ONE
Full
Copy
(EB)

We've completed a preliminary online search for name availability as well as called the FL Division of Corporations to confirm. As per Jessica Fason, the name remains available. Jessica also confirmed, once documents received by your office it will take 3 to 5 business days to process.

For your convenience, upon processing our "Articles of Incorporation" we've enclosed a return UPS letter envelope and prepaid Label for tracking purposes.

We appreciate your time and assistance and thank you for your cooperation in this matter. Should you have any questions, feel free to contact me directly.

Best regards,



Eileen M. Becker, Controller
For: Lab-Tech Florida, Inc
%Avalon Eyewear Inc
201-784-3377 X1285

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LAB-TECH FLORIDA, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: EILEEN BECKER, CONTROLLER %AVALON EYEWEAR, INC
Name (Printed or typed)

170 LEGRAND AVENUE
Address

NORTHVALE, NEW JERSEY 07647
City, State & Zip

201-784-3377
Daytime Telephone number

ebecker@avaloneyewear.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

✓
OK
C

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LAB-TECH FLORIDA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

%AVALONEYEWEAR

170 LEGRAND AVE

NORTHVALE NEW JERSEY 07647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPEN NEW BUSINESS, WHOLESALE OPTICAL FRAMES, LENS AND ACCESSORIES

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DIVISION OF CORPORATION
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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL PILDES, PRESIDENT

Name and Title: DAVID PILDES, VICE PRES.

Address 95 WOODLAND ST

Address: 95 WOODLAND ST

TENAFLY, NEW JERSEY 07670

TENAFLY, NEW JERSEY 07670

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID STEINBACH
Address: 10731 PARIS STREET
HOLLYWOOD, FL 33026

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DIVISION OF CORPORATION
15 AUG 27 AM 10:00

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: EILEEN BECKER %AVALON EYEWEAR
Address: 170 LEGRAND AVENUE
NORTHVALE, NEW JERSEY 07647

ARTICLE VIII EFFECTIVE DATE:

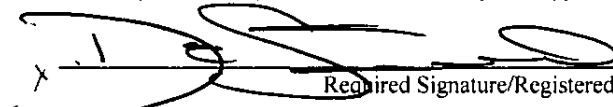
Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

08/13/2015

X  _____
Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

X  _____
Required Signature/Incorporator

08/13/2015

Date