

P2300006734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

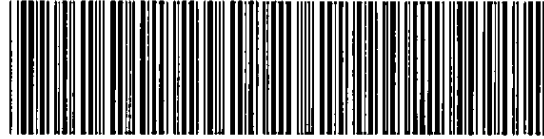
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

O/D Change

Office Use Only



100418013081

FILED

2023 NOV - 1 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 OCT 32 AM 9 00

DIRECTOR OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32304

**CT CORP**  
**(850) 656- 4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 11/01/2023

Acc#I20160000072

*en: c DW*

|             |                                |
|-------------|--------------------------------|
| Name:       | For Eyes Optical Company, Inc. |
| Document #: |                                |
| Order #:    | 15200253 - 1                   |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|   |  |   |
|---|--|---|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/>        | Email Address for Annual Report Notifications:<br><div></div> |
|   | Plain: <input checked="" type="checkbox"/> |   |
|   | COGS: <input type="checkbox"/>             |   |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **35.00**



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FOR EYES OPTICAL COMPANY

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: P23000006734

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

EOALEGAL@ESSILORUSA.COM

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee    ☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy (Additional  
copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
FOR EYES OPTICAL COMPANY, INC.
2. This entity was authorized to transact business in Florida on 01/23/2023 and its Florida document  
number is P23000006734
3. This corporation was formed under the laws of Pennsylvania
4. The name and address of each officer and/or director is as follows:

Title:

President/Directo

Name and Address

Alfonso Cerullo

420 Fifth Avenue

New York, NY 10018

CFO/Director

Sara Francescutto

1 West 37th St.

New York, NY 10018

TREASURER

Luca Marsura

1 West 37th St.

New York, NY 10018

SECRETARY

David Milan

13555 N. Stemmons Fwy

Dallas, TX 75234

\*See attachment for additional  
officers/directors

(Attach additional pages if necessary)

Signature of an officer or director

David Milan

Typed or printed name of person signing

Secretary

Title of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

For Eyes Optical Company, Inc.

P23000006734

Amendment to Officer and Director Information – October 2023

Additional Officers and Directors:

|                 |               |   |
|-----------------|---------------|---|
| CEO/Director    | Jorge Gervasi | 285 West 74 <sup>th</sup> Pl<br>Hialeah, FL 33014 |
| VP-Tax          | Dan Seiwert   | 13555 N. Stemmons Fwy<br>Dallas, TX 75234         |
| VP-Supply Chain | Jorge Afonso  | 285 West 74 <sup>th</sup> Pl<br>Hialeah, FL 33014 |

**FILED**  
2023 NOV -1 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FL