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| 1.) CORPORATION NAME: FOR EYES OPTICAL COMPANY | DUE DATE: 2/28/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA | SCC ID NO: F0346751 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: PA | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 257 PARK AVE S
FL 12

CITY/ST/ZIP: NEW YORK, NY 10010

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LISA WOLMAN TITLE: PRESIDENT ADDRESS: 211 CENTRAL PARK WEST #126G CITY/ST/ZIP/CO: NEW YORK, NY 10024 | | |

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| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT MESSA TITLE: VP/T ADDRESS: 8460 SW 142ND ST. CITY/ST/ZIP/CO: MIAMI, FL 33158 | | |

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|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PHILIP WOLMAN TITLE: CEO/S ADDRESS: 160 CASOURINA CONCOURSE CITY/ST/ZIP/CO: CORAL GABLES, FL 33143 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|-----------------------------------------------------|----------------------------------|-----------|
| /s/ LISA WOLMAN | LISA WOLMAN, PRESIDENT | 4/28/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.