



03565608

# APPLICATION FOR REGISTRATION OF A FOREIGN LIMITED LIABILITY COMPANY

Pursuant to A.R.S. §29-802

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "LLC," "LC," "LLC" or "LC". If you are the holder or assignee of a trade name, attach a copy of the trade name certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the fictitious name. The resolution must be signed by a member or by a manager, whichever is applicable.

2. Provide the name of the state or country under whose laws your company was formed.

3. Provide the date on which your company was formed or organized in the state or country of formation.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by signing the consent.

1. The name of the foreign limited liability company is:

Oculari LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state or does not meet the requirements of A.R.S. § 29-602, then the fictitious name adopted for use by the limited liability company in Arizona is:

(FN) \_\_\_\_\_

2. The company is organized under the laws of:

Delaware

(State or Country)

3. The date of the company's formation is:

7/28/2006

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:

Holding company

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

Munc Kim; 14155 N 83rd Avenue

Suite 103

Peoria AZ 85381

## ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

1. Munc Kim MD, having been designated to act as

(print name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

[Signature]

Signature

AZ CORPORATION COMMISSION  
FILED

AUG 25 2011

If signing on behalf of a company, print company name here

AZ CORPORATION COMMISSION  
FILED

FILE NO. R-1701366-3

6. Check A or B to show which management structure will be applicable to your company. Provide name and address for each person, and check whether they are member, manager, or both.

7. If the state or country of formation does not require an address to be maintained, provide the street address of the statutory agent in the state or country of formation.

The application must be signed by a member or manager, as applicable, or by a duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated within 60 days of its delivery to the A.C.C. by the official having custody of corporate records in the state or country under whose laws the LLC is formed.

6. Management Structure (check A or B):

☒ A

Management of the limited liability company is vested in a manager or managers. Give the name and address of each and every manager AND of each and every member who owns a twenty percent or greater interest in the capital or profits of the limited liability company, and check off member and/or manager.

Name: Mun C Kum MD

☐ member ☒ manager

Address: 14155 N 83rd Ave

Suite 103

City, State, Zip: Peoria AZ 85381

Name: \_\_\_\_\_

☐ member ☐ manager

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

☐ member ☐ manager

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

☐ member ☐ manager

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

☐ B

Management of the limited liability company is reserved to the members.

Give the name and address of each and every member.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

7. Give the address of the office required to be maintained in the state or country of formation.

c/o Agents and Corporations, Inc., Suite 600,  
One Commerce Center; 1201 Orange St., Wilmington, DE 19801

Signed this 3rd day of August, 2011

Mun C Kum MD

Signature

Print Name (check one) ☐ Member ☒ Manager ☐ Authorized Agent

PHONE: 623 773 3937

FAX: 623 773 3955

# Delaware

PAGE 1

## *The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCULARI 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4197802 8300

110942704

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8985082

DATE: 08-23-11

JUL-21-2006 09:40am  
xKMB Page 6 of 8

FROM: DAVID WILLIAMS LAW FIRM PA

312-575-8925

T-678 J.002/002 T-001

**CERTIFICATE OF FORMATION  
OF  
OCULARI LLC**

This Certificate of Formation of OCULARI LLC (the "LLC"), dated as of July 28, 2006 is duly executed and filed by Christopher M. Riser, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. Sec. 18-101, et seq.) (the "LLC Act").

**FIRST.** The name of the limited liability company formed hereby is **OCULARI LLC**.

**SECOND.** The address of the registered office of the LLC in the State of Delaware is c/o Agents and Corporations, Inc., Suite 600, One Commerce Center, 1201 Orange Street, Wilmington, New Castle County, Delaware 19801.

**THIRD.** The name and address of the registered agent for service of process on the LLC in the State of Delaware are Agents and Corporations, Inc., Suite 600, One Commerce Center, 1201 Orange Street, Wilmington, New Castle County, Delaware 19801.



\_\_\_\_\_  
Christopher M. Riser, as an authorized person

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:21 AM 07/21/2006  
FILED 09:58 AM 07/21/2006  
SAP 040715229 - 4197002 FILE