

072100000032 ACCOUNT NO. :

REFERENCE :

885527 4331939

COST LIMIT : \$ 140.00

ORDER DATE : July 9, 1998

ORDER TIME : 11:33 AM

ORDER NO. : 885527-015

CUSTOMER NO: 4331939

CUSTOMER: Kristy Hair, Legal Assistant

GREENBERG TRAURIG HOFFMAN LIPOFF ROSEN & QUENTEL, P.A. 515 East Las Olas Boulevard

Suite 1500

Fort Lauderdale, FL 33301

DOMESTIC FILING

NAME:

IVISION INTERNATIONAL

HOLDINGS, LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS

000002584360--8

CERTIFICATE OF LIMITED PARTNERSHIP OF IVISION INTERNATIONAL HOLDINGS, LTD.

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act (1986), and Section 620.108 of the Florida Statutes, the undersigned, being the sole General Partner of IVISION INTERNATIONAL HOLDINGS, LTD., hereby duly executes and files with the Florida Secretary of State this Certificate of Limited Partnership.

- 1. The name of the limited partnership is IVISION INTERNATIONAL HOLDINGS, LTD.
- 2. The business address and the mailing address of the limited partnership is 701 West Cypress Creek Road, Suite 200, Fort Lauderdale, Florida 33309.
- 3. The name of the registered agent for service of process required by Section 620.105 of the Florida Statutes is:

Corporation Service Company

4. The Florida street address for the registered agent is:

1201 Hays Street Taliahassee, Florida 32301

5. Acceptance of Appointment of Registered Agent:

Having been named the statutory registered agent of IVISION INTERNATIONAL HOLDINGS, LTD., at the place designated in this Certificate of Limited Partnership of IVISION INTERNATIONAL HOLDINGS, LTD., I hereby accept such designation and confirm that I am familiar with and agree to accept the obligations imposed by Chapter 620.192 of the Florida Statutes and I agree to comply with the provisions of Florida Law relative to keeping the registered office open.

CORPORATION SERVICE COMPANY

Registered Agent

Dated:

1998

		C45	11	is as follows:	
6.	The name and business address	s or the g	eneral partiler	is as ionows.	
	Preferred 701 West 0 Fort Laude	Cypress C Suite 200	creek Road	R9 LUUUJO	35 20 E
7.	The latest date on which the li	mited par	rtnership is to d	lissolve is Decembe	er 31, 2050.
IN WITNESS WHEREOF, the sole General Partner has executed the foregoing Certificate of Limited Partnership on this 30th day of, 1998 in accordance with Section 620.114 of the Florida Statutes.					
			RRED VISIO	ON CARE, INC. artner	, a Florida
		By:	pseph/P/Antal,	President	
STATE OF)	SS:		
COUNTY	OF BROWARD)			
The foregoing instrument was acknowledged before me this 30 day of 5une, 1998, by Joseph P. Antal as President of Preferred Vision Care, Inc., a Florida corporation, on behalf of the corporation. He personally appeared before me, is personally known to me or produced as identification, and [did] [did not] take an oath.					
[NO	TARIAL SEAL]			of FLORI	CERS OP 1999

AFFIDAVIT

BEFORE ME, the undersigned, constituting the sole general partner of IVISION INTERNATIONAL HOLDINGS, LTD., a Florida limited partnership, certifies as follows:

- 1. The initial Limited Partner of IVISION INTERNATIONAL HOLDINGS, LTD. has contributed property valued at \$1,000 to the Partnership as its initial capital contribution.
- 2. The initial Limited Partner anticipates making additional capital contributions to the Partnership in an amount yet to be determined. A Supplemental Affidavit will be filed when additional Limited Partner contributions are made.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

PREFERRED VISION CARE, INC., a Florida corporation, General Partner

	By: Joseph P. Antal, President
STATE OF FLORIDA COUNTY OF <u>BROW AR D</u>) SS:
the corporation. He personally appe	acknowledged before me this 30 day of 54NC, 1998, ferred Vision Care, Inc., a Florida corporation, on behalf of cared before me, is personally known to me or produced on, and [did] [did not] take an oath.
[NOTARIAL SEAL]	Notary: Jaida B. Rogers Print Name: 2910A B. ROGERS

Notary Public, State of _____ My commission expires: