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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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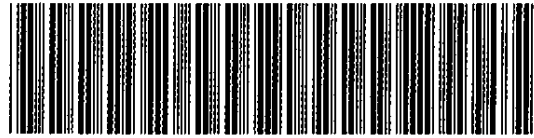
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE  
MAY 27 2008  
EXAMINER

**DONNELLY & RUSSO, P.A.**

ATTORNEYS AT LAW

3708 W. EUCLID AVENUE, TAMPA, FLORIDA 33629

**SEAN V. DONNELLY\***

**JOSEPH C. RUSSO**

\*ALSO ADMITTED IN ILLINOIS

(813) 832-9790 PHONE

(813) 832-9739 FAX

May 22, 2008

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Filing of Articles of Incorporation for Refractive, LLC

To Whom It May Concern:

Please find enclosed the Articles of Organization for referenced limited liability company, along with a check for \$130.00 for the filing fees.

Please file the Articles of Organization and provide our office with a Certificate of Status.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

Enc.

2008 MAY 23 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1  
Name

The name of this Limited Liability Company is:       **REFRACTIVE, LLC.**

ARTICLE 2  
Mailing Address & Principal Office Address

The mailing and street address for the principal office of this Limited Liability Company is:  
**12916 DUPONT CIRCLE, TAMPA, FL. 33626.**

ARTICLE 3  
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is  
**12916 DUPONT CIRCLE, TAMPA, FL. 33626**, and the name of the initial registered agent of  
this Limited Liability Company at that address is **SEAN O'DONNELL**.

Acceptance of Registered Agent

*Having been named as registered agent to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 608, Florida Statutes.*

  
**SEAN O'DONNELL**

ARTICLE 4  
Managers/Managing Members

This Limited Liability Company is to be managed by the following managing members (MGRMs):


- 1) SEAN O'DONNELL - 12916 DUPONT CIRCLE, TAMPA, FL. 33626;**
- 2) WILLIE HARPER – 2524 GRAYSON WAY, SAN ANTONIO, TX 78232**
- 3) WILLIAM MERCIER – 7641 HEYWARD CIRCLE, UNIVERSITY PARK, FL 34201**

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TALLAHASSEE, FLORIDA  
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4) MED FOCUS CAPITAL PARTNERS, LLC – 2201 CANTU COURT, SUITE 218,  
SARASOTA, FL. 34232

5) GLACIAL MULTIMEDIA, INC – 1321 WASHINGTON AVE., PORTLAND, ME  
04103

IN ACCORDANCE WITH section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true and correct. The undersigned is authorized and has executed these Articles, this 16<sup>TH</sup> day of MAY, 2008.

  
SEAN O'DONNELL  
Authorized Managing Member

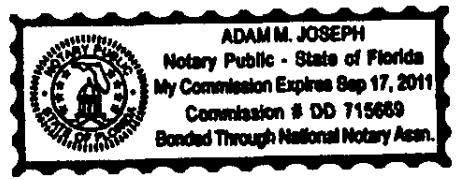
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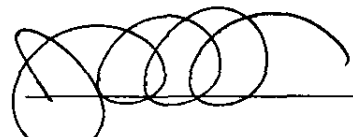
FILED

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 16<sup>TH</sup> day of May, 2008 by SEAN O'DONNELL.

SEAL



  
Type, Print or Stamp Name of Notary  
Personally known \_\_\_\_\_  
or Produced Identification \_\_\_\_\_  
Type of Identification Produced FLD