L10000083630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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J. BRYAN

AUG 10 2010

EXAMINER

NEOPTX SIGHTSAVERS, LLC
3137 COMMERCE PARKWAY
MIRAMAR, FL 33025

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

August 4, 2010

Re: Articles of Incorporation

To whom it may concern,

Enclosed please find the completed Articles of Incorporation for Neoptx Sightsavers, LLC and a check in the amount of $160.00.

Please acknowledge upon registration.

If you have any questions you can reach me at::

Phone - 954-441-9611 x 208
Email – myron@optx2020.com

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TALLAHASSEE, FLORIDA

Yours truly,

Myron Orlinsky

Myron Orlinsky
Managing Member
Neoptx Sightsavers, LLC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NEOPTX SIGHTSAVERS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRON ORLINSKY
Name of Person

NEOPTX SIGHTSAVERS, LLC
Firm/Company

3137 COMMERCE PARKWAY
Address

MIRAMAR, FLORIDA 33025
City/State and Zip Code

myron@optx2020.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MYRON ORLINSKY at (954) 4419611 X 208
Name of Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

NEOPTX SIGHTSAVERS, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
3137 COMMERCE PARKWAY	3137 COMMERCE PARKWAY
MIRAMAR, FL 33025	MIRAMAR, FL 33025

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MYRON ORLINSKY
Name

3137 COMMERCE PARKWAY
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR FL 33025
City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as 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 for in Chapter 608, F.S..

Myron Orlinsky
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	MYRON ORLINSKY 3137 COMMERCE PARKWAY MIRAMAR, FL 33025
MGRM	SCOTT ORLINSKY 3137 COMMERCE PARKWAY MIRAMAR, FL 33025
MGRM	ROBERT O BARATTA M.D. 2100 SE OCEAN BLVD STE 102 STUART, FL 34996
MGRM	MICHAEL CRISTOFORO 5155 SW BIMINI CIRCLE S PALM CITY, FL 34990

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Myron Orlinsky
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MYRON ORLINSKY
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)