REFERENCE :

402350

AUTHORIZATION

COST LIMIT :

\$ 70.00

ORDER DATE : October 6, 1999

ORDER TIME :

11:23 AM

ORDER NO. : 402350-050

CUSTOMER NO: 4321805

9nnn03012659:

CUSTOMER: Ms. Anita Reber

Perkins Coie

40th Floor 1201 Third Avenue

Seattle, WA 98101-3099

FOREIGN FILINGS

NAME:

LASIK VISION (FLORIDA) INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

TRANSMITTAL LETTER

To: Qualification/Tax Lien Sect Division of Corporations	on		<u> </u>
SUBJECT: Lasik Vision	ı (Florida) Inc.	-	
	Name of corporation - must i	nclude suffix)	99
Dear Sir or Madam:			BCT AND THE
The enclosed "Application by Forei "Certificate of Existence", and check to transact business in Florida.	gn Corporation for Authoriz are submitted to register th	ation to Transact above reference	Business in Florida, d foreign corporation
Please return all correspondence con	cerning this matter to the fol	owing:	7. 3
Lorri A. Dunsmore			
	(Name of Person)		-
Lawco of Washingt	on, Inc.	-	
	(Firm/Company)		
1201 Third Ave.,	40th Floor		· · · · · · · · · · · · · · · · · · ·
	(Address)	****	· ·
Seattle, WA 98101	-3.099	1	
	(City/State/Zip)		
Should you need to call someone con		ปี: - - 583 8888	
(Name of Person)	at (206) (Area Code & Da		Number)
•	(* II - II - O - O - O - O - O - O - O - O	yumo votopnono	
STREET ADDRESS:	MAILIN	G ADDRESS:	•
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qualifica Division P.O. Box Tallahass		ion
Enclosed is a check for the following	amount:		
	iling Fee & S78.75 Fi e of Status Certified		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN Ri	I COMPLIAN EGISTER A F	ICE WITH SECTION 607.1503, FLORIDA (FOREIGN CORPORATION TO TRANSACT)	STATUTËS, THE FOLLOWING IS SUBMITTED T BUSINESS IN THE STATE OF FLORIDA	to E.C.
1.	Lasik	Vision (Florida) Inc.	30,00	
	words or abbre	poration; must include the word "INCORPORAT eviations of like import in language as will clearly or partnership if not so contained in the name at partnership if not so contained in the name at partnership.	ED", "COMPANY", "CORPORATION" or indicate that it is a corporation instead of a resent.)	ON OF ORME. L
2.	Washingto	n	3. applied for	المجر المجر
	(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
4.	August =	11, 1999 5. Perp	etual	· - '
	(D	ate of incorporation) (Du	ration: Year corp. will cease to exist or "perpetual")	
б.	Upon Qual		. .	.
		rst transacted business in Florida.) (SEE SECTION	ONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	Suite 602	, 1281 W. Georgia Street		
	Vancouver	, BC V6E 3J7 CANADA		
		(Current mailing addr	ess)	
				*
8.		Administration		
	(Purpos	e(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	
9.	Name and s	treet address of Florida registered agent:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	Corporation Service Company		
Of	fice Address:	1201 Hays Street		
		Tallahassee	, Florida, 32301 (Zip code)	
• •	. .			
10	. Registered	agent's acceptance:		
thi. wit	s application, 1 th the provision	hereby accept the appointment as registered ag		comply

Karen E. Wehner, Assistant Vice President
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS (Street address only - P.O. Box	NOT acceptable)					
Chairman: See attached officers/dire	ectors rider					
Address:						
					30	
Vice Chairman:					タ 新 ら 8	
Address:					2	
					PH 12: L	TO
Director:				A		tr
Address:						
						-
				_		
Director:						
Address:			-			
President: See attached officers/direct			-			
Vice President:	· · · · · · · · · · · · · · · · · · ·					
Address:						
Address.	· · · · · · · · · · · · · · · · · · ·					
Secretary:	-		-			
Address:						
					·····	
Treasurer:						
Address:	,					·
NOTE: If necessary, you may attach an addenaum	to the application li	sting additional	officers and/or	directors.		
13. (Signature of Chairman, Vice Cha	irman or or a second	r listed in	nam 12 af sl	diantary		
		r listed in numi	er 12 of the abi	mcation)		
14. Michael R. Henderson, President (Typed or printe	d name and capacity		ning application)		

OFFICERS/DIRECTORS RIDER

List of Officers
Name: Michael R. Henderson
Bus. Addr.: #602-1281 W. Georgia Street, Vancouver, Title: President, CEO, Secretary, Treasurer

List of Directors
Name: Dr. Hugo F. Sutton
Bus. Add: #602-1281 W. Georgia Street, Vancouver,

Name: Michael R. Henderson

Bus. Adv.: #602-1281 W. Georgia Street, Vancouver,

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its sea hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

LASIK VISION (FLORIDA) INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on August 11, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



October 7, 1999

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Ralph Munro, Secretary of State