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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

vivianne m. garcia, o.d., l.l.c.

Certificate of Status	0
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ARTICLES OF ORGANIZATION

FOR A FLORIDA LIMITED LIABILITY COMPANY

VIVIANNE M. GARCIA, O. D., L. L. C.

ARTICLE I - NAME

The name of the Limited Liability Company shall be: VIVIANNE M. GARCIA

O. D., L. L. C.

ARTICLE II - ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is: VIVIANNE M. GARCIA, O. D., L. L. C., 3615 N. E. 207TH STREET, SUITE 3100, AVENTURA, FLORIDA. 33180.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is: VIVIANNE M. GARCIA, O. D., 3615 N. E. 207TH STREET, SUITE 3100, AVENTURA, FLORIDA. 33180.

This Instrument Prepared By:
MARCELO M. AGUDO, ESQ.
601 Brickell Key Drive, Suite 801
Miami, Florida 33131-2649
Florida Bar No.: 178436
305-372-8882

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: **SHALL BE DECIDED BY THE MANAGERS.**

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **SHALL BE DECIDED BY THE MANAGERS.**

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

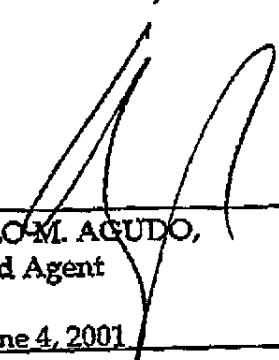
1. The name of the limited liability company is:

VIVIANNE M. GARCIA, O. D., L. L. C.

2. The name and address of the registered agent and office is:

**MARCELO M. AGUDO, ESQ., 601 Brickell Key Drive, Suite 801, Miami, Florida,
33131-2649.**

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.



MARCELO M. AGUDO,
Registered Agent

Date: June 4, 2001

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