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Florida Department of State  
Division of Corporations  
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01 OCT 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**ALCON USA, L.L.C.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR  
ALCON USA, L.L.C.**

01 OCT 24  
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TALLAHASSEE, FLORIDA

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is ALCON USA, L.L.C.

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 21050 N.E. 38 Ave, Suite 2303, Aventura FL 33180.

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**PURPOSE OF ORGANIZATION**

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 608.404 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by law.

**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be managed by a Managing Member and the names and address of the Managing Member are Milena Liascovitz and Gabriela Liascovitz, 21050 N.E. 38 Ave, Suite 2303, Aventura FL 33180.

**ARTICLE VI**  
**ADMISSION OF NEW MEMBERS**

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interests in the Limited Liability Company, which percentage shall be determined and measured by the percentage of ownership interest each Member has in the Limited Liability Company. No individual Member and/or Managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

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ARTICLE VII  
CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Liability Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interests then remaining shall have agreed to do so in writing.

  
Milena Etascovitz  
(Managing Member)

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01 OCT 24

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

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

1. The name of the Limited Liability Company is ALCON USA, L.L.C.

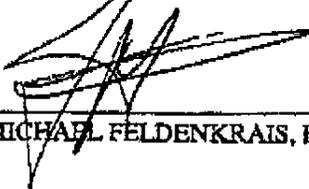
2. The name and address of the Registered Agent and office is:

Michael Feldenkrais, Esq.  
Feldenkrais & Associates, P.A.  
290 NW 165 Street  
Plaza 100  
Miami, Florida 33169

01 OCT 24

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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.

  
MICHAEL FELDENKRAIS, ESQ.

10/21/01  
DATE