CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAMASSEE EL 22201

TALLAHASSEE, FL 32301

FILING COVER SHEET ACCT. #FCA-14

Examiner's Initials



ACCT.#FCA-14	
CONTACT: C	INDY HICKS
DATE:	11-14-01
REF.#:	0631.3214 FM =
CORP. NAME:	R Family Eyewear, LLC
() ARTICLES OF INCORPO () ANNUAL REPORT () FOREIGN QUALIFICAT () REINSTATEMENT () CERTIFICATE OF CANO () OTHER:	() TRADEMARK/SERVICE MARK () FICTITIOUS NAME ON () LIMITED PARTNERSHIP () LIMITED LIABILITY () MERGER () WITHDRAWAL
	FOR ACCOUNT IF TO BE DEBITED: COST LIMIT: \$ COST
CERTIFIED COPY () CERTIFICATE OF STA	() CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 14, 2001

CORPDIRECT AGENTS, INC.

SUBJECT: R FAMILY EYEWEAR, LLC

Ref. Number: W01000026149

We have received your document for R FAMILY EYEWEAR, LLC and your check(s) totaling \$155,00. However, the enclosed document has not been filed and is being returned for the following:

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 901A00061448

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R FAMILY EYEWEAR, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

> 341-5 Town Center Mall Boca Raton, Florida 33431

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 names(s) and address(es) of the managing member(s) is/are:

Frank Resciona

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional Members may only be admitted on unanimous consent of the Members.

APPROVE AND FILED

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:

Right to continue on unanimous consent of remaining Members.

Frank Resegna

Signature of a member or an authorized representative 28

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

FRANK RESCIGNA

Typed or printed name of signee

APPKUY:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	_
	R FAMILY EYEWEAR, LLC	<u> </u>
2.	The name and the Florida street address of the registered agent are:	
	FRANK RESCIGNA	
	Name Ass C	2
	9411 North Hollybrook Lake Drive, Unit 201 76 7 Florida street address (P.O. Box NOT Acceptable)	\bar{\}
		<u>-</u>
	City, State and Zip	LM 9: 20
Havir	ng been named as registered agent and to accept servise o	Ŧ
proce desig regis agree prope	ess for the above stated limited liability company at the place gnated in this certificate, I hereby accept the appointment as stered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relating to the er and complete performance of my duties, and I am familial and accept the obligations of my position as registered agent	e s r e

FRANK RESCIGNA

Frank Kesigna