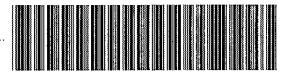
## 102000031011

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

<del>02 NOV 19 PH 4: 0F</del>

PETER A. SAWLER (Requestor's Name)		
(Requestor's Name)		
2939 TENKESBURY TRAKE		
(Address)		
(Address)		
TAYLAHAKSAF FL YRG SEDSOKOM		
TALLAHUSSEE , FL 33309 85090600 (City/State/Zip/Phone #)		
,		
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(Business Entity Name)		
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SECRETARY OF CTATE
ARTICLE I - Name:  The name of the Limited Liability Company is:	SECRETARY OF STATE DIVISION OF CORPORATIONS
VISION PRODUCTS, LIC.	02 NOV 19 PM 4: 08
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liabi	lity Company is:
2939 TEWKESBURY TRACE, TALLAHASSEE,	FL 32309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si	ignature:
The name and the Florida street address of the registered agent are:	
PETER A. SADOLER	
2939 TELDIKES BILDU TONIE	
Florida street address (P.O. Box NOT acceptable)	-
City, State, and Zip	·
registered agent and agree to act in this capacity. Vfurther agree to comply with the statutes relating to the proper and complete performance of my fauties, and I am fair accept the obligations of my position as registered agent as provided for in Chapte	miliar with and
Registered Agent's Signature	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more metherefore, a manager - managed company.  (An additional article must be added if an effective date is requessignature 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.)	sted)
Typed or printed name of signee	, as

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)