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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101 : (561)691-0059 Phone Fax Number

: (561)691-0066

LIMITED LIABILITY COMPANY

9418 SE Mast, LLC

Certificate of Status	
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VISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 9418 SE Mast, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company 3654 Georgia Avenue, West Palm Beach, Florida 33406 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature To The name and the Florida street address of the registered agent are: Robert Lee Shapiro, Esquire 2401 PGA Boulevard, Suite 272 Florida street address (P.O. Box NOT acceptable) Palm Beach Gardens EL 33410

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 artegistered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Registered Agent's Signature

(An additional article-must be added if an effective date is requested)

Signature of a member or all 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.)

Robert Lee Shapiro

Typed or printed name of signee

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)

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