

Division of Corporations

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

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY**The Lasik Vision Institute 01, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
THE LASIK VISION INSTITUTE 01, LLC**

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

**ARTICLE I
NAME**

The name of this limited liability company is:

THE LASIK VISION INSTITUTE 01, LLC

**ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS**

The principal office and mailing address of this limited liability company is:

3801 S. Congress Avenue
Lake Worth, FL 33461

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

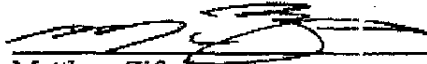
Matthew Zifrony, Esq.
c/o Tripp Scott, P.A.
110 SE 6th Street, 15th Floor
Ft. Lauderdale, FL 33301

Prepared By: Matthew Zifrony, Esq.
FL Bar No. 0885487
Tripp Scott, P.A.
110 SE 6 Street, 15 Floor
Ft. Lauderdale, FL 33301
(954) 325-7500

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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 as provided for in Chapter 608, F.S.


Matthew Zifrony
Registered Agent

ARTICLE IV MANAGEMENT

The limited liability company is to be managed by its member(s) and is, therefore, a member-managed company.


Marco Musa
Authorized Representative of the Member(s)

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

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TALLAHASSEE, FLORIDA

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