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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number: 075350000065 : (954)525-7500 Phone

: (954)761-8475 Fax Number

LIMITED LIABILITY COMPANY

The Lasik Vision Institute 13, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 20 18 |
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BETWEENLY OF SAILS

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ARTICLES OF ORGANIZATION OF THE LASIK VISION INSTITUTE 13, 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 13, 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 Pt. Lauderdale, FL 33301

Prepared By:

Matthew Zifrony, Esq. FL Bar No. 0885487 Tripp Scott, PA 110 SE 6 Street, 15 Floor Ft Landerdale, FL 33301 (954) 525-7500

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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, there fore, 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 fact: stated herein are true.)

SECRETARY OF SAIL