Page 1 of 2

10300005417

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030001477782)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone : (954)525-7500

Fax Number : (954)761-8475

RECEIVED

03 APR 30 MII: 13

11/15:0N OF COMPORATION

LIMITED LIABILITY COMPANY

The Lasik Vision Institute 26, LLC

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

OS APR 30 AMIL: 17

Maria.

24/29/2023

22:19

TRIPP, SCOTT PA. > 990506#0185#18502050383#

NO.600

7002

Division of Corporations

Page 2 of 2

Electronic Filing Menu

Corporate Filing

Public Access Help

03 APR 30 AMII: 1

NO.600 D003

(((H030001477782)))

ARTICLES OF ORGANIZATION OF THE LASIK VISION INSTITUTE 26, 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 26, 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 SELECTION OF SELEC

Prepared By:

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

294924v;1 990506.0185

(((H03000147778 2)))

P004

(((H03000147778 2)))

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 Ziffony 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.)

SECULIARY DESCRIPTION OF STATE