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From:

Account Name : TRIPP SCOTT, P.A.

Account Number: 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

LIMITED LIABILITY COMPANY

The Lasik Vision Institute 44, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION OF THE LASIK VISION INSTITUTE 44, 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 44, LLC

ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

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

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

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Prepared By:

Matthew Ziftony, Esq. FL Bar No. 0885487 Tripp Scott, PA 1(0 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 secondance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the fax is stated herein are true.)

