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Division of Corporations

: (850)205-0383 Fax Number

From:

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

: (954)761-8475

LIMITED LIABILITY COMPANY

The Lasik Vision Institute 46, LLC

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

| 4/30/03 | W775 | 14.11 | TAT | ORA | 781 | 2475 |
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Division of Corporations

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ARTICLES OF ORGANIZATION OF THE LASIK VISION INSTITUTE 46, 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 46, 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

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Prepared By:

Matthew Zifrony, Esq. FL Bar No. 0885487 Tripp Scott, PA 110 SE 6 Street, 15 Floor Ft. Lauderdale, 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 limitiar with and accept the obligations of my position as registered agent as provided for in Chapt π 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 608.40%(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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