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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30 business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:	
	OPTHALMIC DEVICES INTERNATIONAL, LLC	1 a - 47
SECO	ND: The articles of organization or the application to transact business	•
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN .	
<u>Kx</u> k	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name of the limited liability company is misspelled, the name	should
₽	read: OPHTHALMIC DEVICES INTERNATIONAL, LLC	
	and the second s	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and	
	the appropriate correction is as follows:	
	⊋. ∑	0t
Dated:	August 25 2004	AUG.
		7 E
	Signature of a member or authorized representative of a member	AH 10: 4.9
	BRUCE H. HORNSTEIN	<u>.</u>
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	."

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ON AUG 16 PH 2: 48

AKIICLE 1 - Name:		
The name of the Limited Liability Company is	3:	

OPTHALMIC DEVICES INTERNATIONAL,	ILC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
9472 Northwest 11th Street	SAME			
Plantation, Fl 33322				

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Bruce H. Hornstein, Esq
Name
317-71_Street
Florida street address (P.O. Box NOT acceptable)
Miami Beach FLORIDA 33141
City, State, and Zip

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" - Managing Member	
MG.RM	Al Franklin
	9472 NW 11 Street
	Plantation, Fl 33322
·-	
(Use attachment if necessary)	
NOIE: An additional article mus	it be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED STOTAL CRE.	, , , , , , , , , , , , , , , , , , ,
Il Hanklin	
Signature of a member or	an authorized representative of a member.
	•
of this document constitute	s 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury
that the facts stated herein	re true.)
AT FRANKT TV	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)