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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**LIMITED LIABILITY COMPANY**

**the refractive vision center, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION  
FOR  
THE REFRACTIVE VISION CENTER, LLC

**ARTICLE I - Name:**

The name of the Limited Liability Company is: The Refractive Vision Center, LLC

**ARTICLE II - Address :**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1935 East Hallandale Beach Boulevard  
Hallandale, Florida 33009

Mailing Address:

1935 East Hallandale Beach Boulevard  
Hallandale, Florida 33009

**ARTICLE III- Registered Agent Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**STANLEY BRAVERMAN, M.D.**  
1935 East Hallandale Beach Boulevard  
Hallandale, Florida 33009

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

**MGRM**

**STANLEY BRAVERMAN, M.D.**  
1935 East Hallandale Beach Boulevard  
Hallandale, Florida 33009

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TOTAL P.03

MGRM

404 000 186658  
RYAN HARGREAVES, O.D.  
3339 Sheridan Street  
Hollywood, Florida 33021

Note: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.)

STANLEY BRAVERMAN, M.D.  
Typed or printed name of signee

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