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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

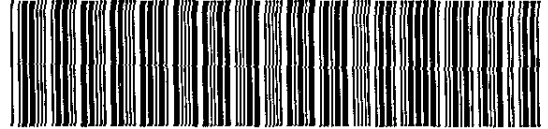
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CHARLES S. DAYHOFF III
Attorney and Counselor at Law

Cornerstone Centre
3830 Tampa Road, Suite 150
Palm Harbor, FL 34684

Telephone (727) 785-6721
Facsimile (727) 785-0798
E-mail: attorneydayhoff@aol.com

June 28, 2005

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Via Federal Express

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Haines Vision Center, LLC

Dear Sir/Madam:

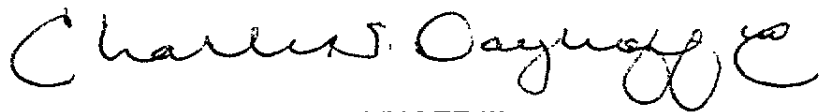
Please find enclosed an original and one copy of certain Articles of Organization for Florida Limited Liability Company for filing concerning Haines Vision Center, LLC.

Also enclosed is a check payable to the Florida Department of State in the sum of \$125.00 for the filing fee.

Please file the Articles of Organization and return confirmation of the filing to me as soon as possible.

Thanking you in advance for your cooperation, I am

Sincerely yours,



CHARLES S. DAYHOFF III

CSD:bf
Enc.
cc: Victoria V. Haines, O.D.
05-2054-DC

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAINES 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:

1934 Arrowhead Drive NE
St. Petersburg, FL 33703

Mailing Address:

1934 Arrowhead Drive NE
St. Petersburg, FL 33703

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

CHARLES S. DAYHOFF III, ESQUIRE

Name
3830 Tampa Road, Suite 150

Florida street address (P.O. Box **NOT** acceptable)

Palm Harbor FLORIDA 34684

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..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Victoria V. Haines, O.D.

1934 Arrowhead Drive NE

St. Petersburg, FL 33703

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Victoria V. Haines, O.D.

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 an affirmation under the penalties of perjury that the facts stated herein are true.)

VICTORIA V. HAINES, O.D.

Typed or printed name of signee

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)

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