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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone: (800)494-3124 Fax Number: (305)675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

3001 Eye Care and Optics, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

3001 EYE CARE AND OPTICS, LLC

ARTICLE II: Address

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

430 S CONGRESS AVE STE 2 DELRAY BEACH, FL 33445

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JIMMY BARKER

430 S CONGRESS AVE STE 2

DELRAY BEACH, FL 33445

Having been named as registered agent 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.

JIMMY BARKER / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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3001 EYE CARE AND OPTICS, LLC

ARTICLE V: MEMBERS (optional)

Managing Member:

3001 AD LIMITED LIABILITY COMPANY 430 S CONGRESS AVE STE 2 DELRAY BEACH, FL 33445

Managing Member:

PENNFIELD CONSULTING, LLC 8516 PENNFIELD DR SAGAMORE HILLS, OH 44067

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.)

BARBARA S. ROSEN