

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)209-0383

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1160  
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

EYEOSCAN, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
EYEOSCAN, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be EYEOSCAN, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

1567 Hayley Lane, Suite 101  
Fort Myers, Florida 33907

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company is:

<u>Name</u>	<u>Address</u>
GUY E. WHITESMAN	1715 Monroe Street Fort Myers, Florida 33901

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company.

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**ARTICLE VII-OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 9<sup>th</sup> day of November, 2006.

  
GUY E. WHITESMAN  
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is: EYEOSCAN, LLC.
2. The name and address of the registered agent and office is:

Guy E. Whitesman  
1715 Monroe Street  
Fort Myers, Florida 33901

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.

  
GUY E. WHITESMAN, Registered Agent

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