

W06000113448

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000282158 3)))



H060002821583ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV 27 AM 8:44

FILED

RECEIVED
06 NOV 27 PM 12:25
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

The Vision Care Institute, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

W06-113448
AR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Vision Care Institute, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

7500 Cenarion Parkway
Jacksonville, Florida 32256

Mailing Address:

7500 Cenarion Parkway
Jacksonville, Florida 32256

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

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, F.S.

CT Corporation System

[Signature]
Registered Agent's Signature (REQUIRED)

Arlene Bernal
Vice President
(CONTINUED)

Page 1 of 2

FL053 - 60946 CT System Online

FILED
2006 NOV 27 AM 8:44
SECRETARY OF STATE
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

"MORM" = Managing Member

Name and Address:

Managing Member

Johnson & Johnson

2006 NOV 27 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI - See Attachment

REQUIRED SIGNATURE:

Steven M. Rosenberg
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.)

Steven M. Rosenberg, Secretary of Johnson & Johnson, MGRM

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 38.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Attachment

To the fullest extent that the laws of the State of Formation, as they exist on the date hereof or as they may hereafter be amended, permit the limitation or elimination of the liability of officers, no officer of the Company shall be personally liable to the Company or its Member for damages for breach of any duty owed to the Company or its Member. Neither the amendment or repeal of this provision nor the adoption of any provision of these Articles of Organization which is inconsistent with this provision shall apply to or have any effect on the liability or alleged liability of any officer of the Company for or with respect to any act or omission of such officer occurring prior to such amendment, repeal or adoption.

FILED

2006 NOV 27 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA