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67-48692

COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: GULF COAST VISION CONSULTING SERVICES, LLC (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth (G. M. Mather, Esc	<u> </u>	
	(1)	Name of Person)	
Hinshaw a	& Culbertson LLP)	
	(Firm/Company)	
100 Sout	h Ashley Drive,	Suite 500	
		(Address)	
Tampa, I	FL 33602		
	(City/	(State and Zip Code)	
For further information	concerning this matter, please	,	2007 HAY
Kenneth G. M.		at (813) 276-16	562
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee,— Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
GULF COAST VISION CONSUL	TING SERVICES, LLC
	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:
The mailing address and street address	
The mailing address and street address Principal Office Address:	Mailing Address:

Kenneth G. M. Mather, Esq.

Name

Hinshaw & Culbertson LLP, 100 South Ashley Dr. #500

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

Tampa

FL 33602

City, State, and Zip

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

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing M	Name and Address: Member
"MGR"	Kenneth G. M. Mather
	100 South Ashley Drive, Suite 500
	Tampa, FL 33602
LE V: Effective date, if a fective date, if a	other than the date of filing: (OPTIONAl date must be specific and cannot be more than five business day
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATION.	other than the date of filing: (OPTIONAl date must be specific and cannot be more than five business day ling.) URE:
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