

**LO7000063696**

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

From: Account Name : LAMONT & NEIMAN, P.A.  
Account Number : I20000000051  
Phone : (305)530-9400  
Fax Number : (305)530-9409

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Optilab, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

OPTILAB, LLC

**ARTICLE II - Address:**

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

2013 Fisher Island Drive  
Fisher Island, Florida 33109

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent Signature:**

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

Lamont Neiman Interian & Bellet, P.A.  
One Biscayne Tower, 3550  
Two South Biscayne Boulevard  
Miami, Florida 33131

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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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT

LAMONT NEIMAN INTERIAN & BELLET, P.A.

By:


  
Jan S. Neiman, Esq.

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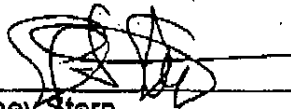
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**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

  
\_\_\_\_\_  
Sidney Stern  
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.)

  
\_\_\_\_\_  
Sidney Stern  
Member

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