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A1A CORPORATE SERVICES

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Division of Corporations

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Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Gatlin Vision, 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:

GATLIN VISION, LLC

## ARTICLE II: Address

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

1850 S.W. GATLIN BLVD.

PORT ST. LUCIE FLORIDA 34953

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

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

CHERYL GOLER

468 RAINBOW SPRINGS TERRACE

ROYAL PALM BEACH, FLORIDA 33411

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.

*Cheryl Goler*

CHERYL GOLER / REGISTERED AGENT'S SIGNATURE

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**GATLIN VISION, LLC**

**ARTICLE IV: MANAGEMENT**

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

**ARTICLE V: MEMBERS (optional)**

**MANAGING MEMBER:**

PHILIP C. DESANTIS

341 S.E. 6TH AVENUE

POMPANO BEACH FLORIDA 33060

X

*Philip C. Desantis*

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.)

PHILIP C. DESANTIS

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