

L07000126061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

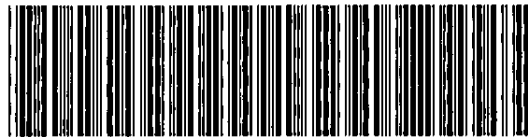
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK 12/21

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: PATRICIA TADLOCK

DATE: 12/20/2007

REF. #: 000164.78940

CORP. NAME: NATIONAL PRESCRIPTION FACILITATOR, LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 524076 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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

ARTICLE I - Name

The name of this limited liability company is **NATIONAL PRESCRIPTION FACILITATOR LLC** (the "Company").

ARTICLE II - Address

The street and mailing address of the Company is c/o NVA National Vision Administrators, 1200 Route 46 Suite 200, Clifton, NJ 07013.

ARTICLE III - Existence and Duration

The Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual unless sooner dissolve by law.

ARTICLE IV - Registered Agent

The initial registered office of this Company shall be located at 515 East Park Avenue, Tallahassee, Florida 32301, and the initial registered agent of this Company at that address shall be **CORPDIRECT AGENTS, INC.** The Company may change its registered agent or the location of its registered office, or both, from time to time without amendment of these articles of organization.

December 20, 2007.



Jeffrey P. Wieland,
Authorized Representative

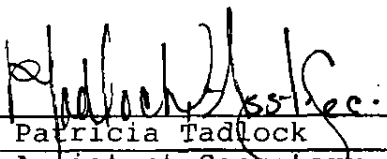
(In accordance with section 608.408(3),
Florida Statutes, the execution of this
document constitutes an affirmation under
the penalties of perjury that the facts stated
herein are true.)

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REGISTERED AGENT ACCEPTANCE

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, Florida Statutes.

CORPDIRECT AGENTS, INC.,
Registered Agent

By: 
Name: Patricia Tadlock
Title: Assistant Secretary

December 20, 2007.