

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000017032
FILED 8:00 AM
February 20, 2009
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
VITRECTOMY RECOVERY SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
15227 STARLEIGH RD.
WINTER GARDEN, FL. 34787

The mailing address of the Limited Liability Company is:
15227 STARLEIGH RD.
WINTER GARDEN, FL. 34787

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
JENNIFER N MORETTI
15227 STARLEIGH RD.
WINTER GARDEN, FL. 34787

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.

Registered Agent Signature: JENNIFER N. MORETTI

Article V

The name and address of managing members/managers are:

Title: MGRM
JENNIFER N MORETTI
15227 STARLEIGH RD
WINTER GARDEN, FL. 34787

Title: MGRM
BRIAN M WEEKS
15227 STARLEIGH RD.
WINTER GARDEN, FL. 34787

Article VI

The effective date for this Limited Liability Company shall be:

02/19/2009

Signature of member or an authorized representative of a member

Signature: JENNIFER N. MORETTI

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