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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:



FLORIDA LIMITED LIABILITY CO. EYE R. S.,LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

MAY 2 3 2011

EXAMINER

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Corporate Filing Menu

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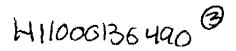
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5/20/2011

EMPIRE CORP KIT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company, "L.L.C.," or "LLC.")

ARTICLE I - 1	
The swile of the	e Limited Liability Company is:
Eye R. S	i., LLC
	(Must and with the words "Limited Liability
ARTICLE II -	Address:

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

Principal Office Address:	Mailing Address:
2101 Corporate Blvd., Suite 107 Boca Raton, FL 33431	2101 Corporate Btvd., Suite 107 Boca Raton, FL 33431
ARTICLE III - Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registration (The Limited Liability Company connoc serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another

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

M & W Agents, Inc.

Name

2101 Corporate Blvd., Suite 107

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

Boca Raton FL 33431

City, State, and Zip

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 Sent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows; Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Richard A. Josepher 2101 Corporate Blvd., Suite 107 Boca Raton, FL \$3431 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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 focts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Richard A. Josepher Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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\$ 5.60 Certificate of Status (Optional)

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