Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000048804 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: A.A.ALI, CPA

Account Number: I2000000192

Phone

: (407)298-3900

Fax Number

: (407)298-0660

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.

EYEDEAL OPTICAL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FEB 28 2014

T CLin

Electronic Filing Menu

Corporate Filing Menu

Help

Page 2 of 3 02/27/2014 12:11

(((H14000048804 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE F- Name:

The name of the Limited Liability Company is:

EYEDEAL OPTICAL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

PHYSICAL ADDRESS:

1204 N. IOHN YOUNG PARKWAY

KISSIMMEE, FL 34741

MAILING ADDRESS:

1011 W. VINE ST.

KISSIMMEE, FL 34741

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LATCHMAN HARDOWAR 1011 W. VINE ST. KISSIMMEE, FL 34741

Having been nomed 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 605, F.S..

LATCHMAN HARDOWAR / Registered Agent's Signature.

(((H14000048804 3)))

(((414000048804

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member

- 1. LATCHMAN HARDOWAR, MD -- MGRM 1011 W. VINE ST. KISSIMMEE, FL 34741
- 2. CHITRAWATTIE BALGOBIN -- MGR 1011 W. VINE ST. KISSIMMEE, FL 34741
- 3. PARSHOOTAM BALGOBIN -- MGR 1011 W. VINE ST. KISSIMMEE, FL 34741



ARTICLE V: Effective date, if other than the date of filing: 02/26/2014 (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 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts 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.)

LATCHMAN HARDOWAR

Typed or printed name of signee

(((414000048804 3)))