

Nov. 20. 2014 10:09AM  
DIVISION OF CORPORATIONS

No. 3093 Pg. 1 of 2

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Florida Department of State  
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Fax Number : (850) 617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER,  
Account Number : 076326003550  
Phone : (561) 627-8100  
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Email Address: pdwcom0@haile.shaw.corn

**FLORIDA LIMITED LIABILITY CO.  
EYETEMPS, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
EYETEMPS, LLC**

The undersigned Authorized Representative of the Members, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is EYETEMPS, LLC (the "Company"),

**ARTICLE II - ADDRESS**

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

8185 SE Paurotis Lane  
Hobe Sound, FL 33455

**ARTICLE III - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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 605, F.S.*

Haile Shaw & Pfaffenberger, P.A.

By:

  
Philip M. DiComa, Esq.

**ARTICLE IV — MANAGEMENT**

The Company will be manager managed, and the manager may, but does not have to be a member. The name and address of the initial authorized manager of the Company is:

<u>Title</u>	<u>Name and Address</u>
MGR	Marvin Odegaard 8185 SE Paurotis Lane Hobe Sound, FL 33455

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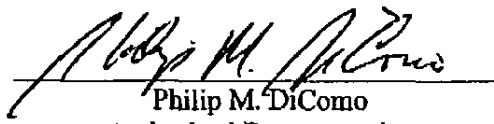
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**ARTICLE V — EFFECTIVE DATE**

Effective date, if other than the date of filing: **January 1, 2015.**

**REQUIRED SIGNATURE**

  
Philip M. DiComo  
Authorized Representative

(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.)

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