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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
The LASIK Vision Institute Optometry, LLC

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

2019 SEP 26 P 2:21

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN
SEP 26 2019

ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

The LASIK Vision Institute Optometry, LLC
(Must contain the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
7867 North Kendall Dr., Ste 260	20 West 64th Street
Miami, FL 33156	Apartment 32P
	New York, NY 10023

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:

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation,	Florida	33324
City	State	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 605, F.S..

By: Ternell Kearney Ternell Kearney- Assistant Secretary
Registered Agent's Signature (REQUIRED)

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager Members	Martin Fox, M.D. 20 West 64th Street Apartment 32P New York, New York 10023

SECRETARY OF STATE
TALLAHASSEE, FL

(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 af the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Martin L. Fox, MD, FACS

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Therese M. Alban, MD, PA
Martin L. Fox, MD, FACS
Typed or printed name of signee

Filing

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
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