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LIMITED LIABILITY COMPANY

TRIPLE O VISION, LLC

Name	MJH
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Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR
TRIPLE O VISION, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: TRIPLE O VISION, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 355 Miracle Mile, Coral Gables, Fl. 33030

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be 30 years.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the name and Address of such manager who is to serve as manager is:

Alliance Vision Services, Inc.
355 Miracle Mile, Coral Gables, Fl. 33030

ARTICLE V - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of TRIPLE O VISION, LLC CERTIFIES:

- 1) The above named limited liability company has at least one member;
- 2) The total amount of cash contributed by the member(s) is \$ 500
- 3) If any, the agreed value of property other than cash contributed by member(s) is \$ 0 and
- 4) The total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000

Sharife Kurtis
Signature of a member or an authorized representative of a member.
 (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
 Sharife Kurtis

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Filing Fee: \$250.00 for Articles and Affidavit

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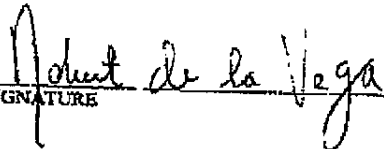
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TRIPLE O VISION, LLC
2. The name and the Florida street address of the registered agent are:
Robert de la Vega
3445 NW 7 St.
Miami, Fl. 33125

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.


SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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