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To:

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From:

Account Name : SCOTT A. ELK, P.A.

Account Number : I19980000040 Phone : (561)368-8800

Fax Number : (561)394-3699

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LIMITED LIABILITY COMPANY

Odyssey Laser Vision Center LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$346.25





ARTICLES OF ORGANIZATION OF ODYSSEY LASER VISION CENTER LLC

The undersigned, for purposes of forming a limited liability company in accordance with the Florida Limited Liability Company Act, do hereby state the following:

- 1. NAME. The name of the limited liability company shall be Odyssey Laser Vision Center LLC (the "Company").
- DURATION. The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
- 3. <u>PURPOSE</u>. The purposed for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.
- 4. OFFICE. The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:

16244 South Military Trail Suite 660 Delray Beach, FL 33484

5. <u>REGISTERED AGENT</u>. The name and address of Company's registered agent, whose Consent to Appointment as Registered Agent is included with this Articles of Organization, is:

> Eric J. Rothchild, M.D. 16244 South Military Trail Suite 660 Delray Beach, FL 33484

6. <u>ADMISSION OF ADDITIONAL MEMBERS</u>: The Company has one (I) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement. The initial member is:

Eric J. Rothchild, M.D.

PREPARED BY: SCOTT A. ELK, P.A.
ELK, BANKIER, PALMER & CHRISTU
4800 NORTH FEDERAL HWY., SITTE 200-3
BOCA RATON, FL 33431
TELEPHONE NO: 561/368-8800
EL BAR NO. 654566

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- 7. <u>CONTINUITY</u>. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.
- 8. MANAGEMENT. The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The names and addresses of the members are:

Eric J. Rothchild, M.D. 16244 South Military Trail Suite 660 Delray Beach, FL 33484

ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the members of Odyssey Laser Vision Center LLC, a limited liability company organized under the laws of the State of Florida, hereby appoint Eric J. Rothchild, M.D., a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served.

His complete address is:

Eric J. Rothchild, M.D. 16244 South Military Trail Suite 660

Delray Beach, FL 33484

ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory registered agent for RE Leasing L.L.C., hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.

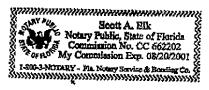
Controll D

IN WITNESS WHEREOF, we have hereunto subscribed our names to this Certificate of Formation on this /3 day of hyat 1999.

ERIC F ROTHCHILD

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My Commission Expires: My Commission No. is:



DIVISION OF CORPORATIONS
ON ANIO 17 AM 10: 36

(Printed Name)

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS PURSUANT TO FLORIDA STATUTES 608.407(2)

The undersigned members or authorized representative of a member of Odyssey Laser Vision Center LLC deposes and says: the above named limited liability company has at least one member. 1) the total amount of cash contributed by the member(s) is 150,00. 2)

if any, the agreed value of property other than cash contributed by member(s) is \$ -o-3) the amount of cash or property anticipated to be contributed by member(s) is ______. 4)

the total amount of 2, 3, and 4 is \$ 150,000. 5) FURTHER, AFFIANTS SAYETH, NAUGHT.

STATE OF Fluids COUNTY OF Polishand

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ERIC J. ROTHCHILD, M.D.,

personally known to me, or _____ as identification has produced _____ and who executed the foregoing instrument and acknowledged before me that he executed the same WITNESS my hand and official seal in the County and State last aforesaid this _ (Signature) (Printed Name)

My Commission Expires:

My Commission No. is Notary Public, State of Florida Commission No. CC 662202 My Commission Exp. 08/20/2001 1-800-3-NOTARY - Fig. Noticy Sowice & Boarding Co. W