3:09/01 /di riom: on of Corporations)0858° Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6383

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EXAMINER OCT 2 7 2015

K. SALY

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		COVER LETTER			
TO: Registration					
Division of C				•	
Cataract Vision Institute, LLC SUBJECT:					
		e of Limited Llability	•		
The enclosed "Applica" Existence, and check a	tion by Poreign Limited Liability C re submitted to register the above re	Company for Authoriza eferenced foreign limi	ttion to Tra ted liability	nsact Business in Florida," Cei company to transact business	tificate of in Florida
Please return all corres	pondence concerning this matter to	the following:			
		Name of Person	<u> </u>		
The	LASIK Vision Institute				
<u> </u>	<u></u>	Firm/Company			
1555	Palm Beach Lakes Blvd., Suite10	0			
		Address			
West	Palm Beach, FL 33401				
**	Cl	ty/State and Zip Code		· · · · · · · · · · · · · · · · · · ·	
bc	ook@lasikvisioninstitute.com	n			
	E-mail address; (to be	used for future annual	report noti	fication)	
For further information	concerning this matter, please call:	:			
Cannie Shen		617 81 (235-476	i4	
	Name of Contact Person	Area Code	Dayt	time Telephone Number	
			STREET	ADDRESS: of Corporations	
MAILING AI	Division of Corporations Registration Section		Registration Section		
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Image: All Provides Linking Lin				
(If name unauxishable, enter sklemetis name adapted for the purpose of transacting business in Plorida. Thu alternate name must instade "Limited Libbility Company." "LLC." or "LLC.") 2. Delaware 3. (FEI sumber, If applicable) 4. Upon Filling (both distance) for finited libbility 1. (FEI sumber, If applicable) 5. [S35 Palm Beach, Lakes Blvd., Suite100 (Molling Address) (Molling Address) West Palm Beach, Lakes Blvd., Suite100 (Molling Address) (Molling Address) 7. Name and gized indicase of Florida registered sgent: (P.O. Box MOT secopitable) 1. (Clty) 1. (Clty) 7. Name and gized address of Florida registered sgent: (P.O. Box MOT secopitable) 1. (Clty) 1. (Clty) 7. Name: CT Corporation (Clty) , Florida 33324 (Clty) (Clty) , Florida 33324 (Clty) Registered agent's eceptiones (Clty) , Florida 33324 (Clty) (Clty) , Florida 33324 (Clty) , Clty (Clty) (Clty) 8. The same, title or capsoliton ad gare and gare ident on capsoliton ad the place designated in the proceed agent. (Molling Address) 8. The same, title or capsoliton ad gare ad agent ad gare ident ad compares and capsoliton ad gare ident ad agent ad gare ident ad complete performance of my dates, and i am femilier with and accept p			te "Limked Liability Company,"""L.L.C.," or "LLC.")	
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10/26/2015 3:09:01 PM From: To: 8506176383(4/4)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATARACT VISION INSTITUTE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Justicer W. Bartestery of Easter 3

Authentication: 10299172 Date: 10-26-15

5802150 8300 SR# 20150641796

You may varify this certificate online at corp.delaware.gov/authvar.shtml

CATARACT VISION INSTITUTE, LLC

2000 Palm Beach Lakes Blvd., Suite 800 West Palm Beach, FL 33409

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

November 2, 2015

Dear Clerk:

The undersigned, a duly authorized representative of Cataract Vision Institute, LLC, a Florida limited liability company, hereby states that Cataract Vision Institute, LLC has no intention of re-instating in the state of Florida.

CATARACT VISION INSTITUTE, LLC

Βv

Name: Ben L. Cook Title: Authorized Person