

A Complete Sight Enhancement Program

500002351395--0 ****285.00 ****285.00

Office Use Only

SHERYL B. WEINER, CPA, MM Vice President • Product Management and Operations

LIFEVISION, LLC. NUMBER(S), (if known): 2668 WINKLER AVENUE FORT MYERS, FL 33901 941.939.4619 FAX 941.939.4712 E-MAIL SHERYLWEINER@MSN.COM (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time _ Walk in Photocopy ₩ill wait Certificate of Status Mail out NEW FILINGS AMENDMENTS ... Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Shory Weiner GAVE Other Merger Availability 11/20/97 AUTHORIZATION BY PHONE TO OTHER FILING REGISTRATION/ CORRECT MORM + major **OUALIFICATION** xamineXnnual Report DCC DATE 11/21/97 Foreign Jpdate/Fictitions Name DOC, EXAM des Limited Partnership Marne Reservation Reinstatement Trademark ססם acimo riedgement

m97000000770

Other

DCC

Examiner's Initials

W. P. Verifyer

erliyer

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS, IN THE STATE OF FLORIDA:

1. (Nam	LIEVISION, LLC ne of foreign limited liability companied in the name at present.)	any must end with the wo	rds "limited company" or their a	bbreviation "L.C." if not	
2. <u>5/</u> (Juris	tale of Mayland adiction under the law of which forevern is organized)		67 2001 G	21	
4	10124196 (Date of Organization)	. 5.	Perpetual (Duration: Year limited liability exist or "perpetual")	company will ease to	
6	(Date first transacted bus	siness in Florida. (See sec	tions 608.501, 608.502, and 817	(.155, F.S.)	
7	2608 Winkler Au		,	3390 E B T	
	name, title, and business addro manage the foreign limited lia		member[MGRM] or mana		
WIII I	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
WIII I	NAME & ADDRESS: Hickael Kelley 21068 Winkley A	TITLE:		**	<u>.</u> 7.
Will I	NAME & ADDRESS:	TITLE:		**	
Will I	NAME & ADDRESS: Hickael Kelley 21008 Winkler A Fort Myers, F/3	TITLE:		**	

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
LifeVision, LLC		i ariig
2. The name and address of the registered agent and office are:	97 SE TAL	
Hischael J. Kelley Life Vision (Name)	LANDY 19	71
ZOOS WINCLEY AGENTURE. (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
4 Myers, florial 33901	ZE 30 TATE CHIDA	
(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.

When $\frac{11/n / 97}{\text{(Date)}}$

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of	a member of LIFEVISIO	W, LLC.
	deposes and says:	
1) the above named limited liability company has at least	t two members	
2) the total amount of cash contributed by the member(s)) is	\$ 100,000
3) if any, the agreed value of property other than cash co A description of the property is attached and made a p		\$ <u>482.500</u>
4) the amount of cash or property anticipated to be contributed to the contribute total includes amounts from 2 and 3 above.	ibuted by member(s) is	\$ 583, 500 Musson
5) the total amount of cash or property anticipated to be	contributed by member(s) is	\$ 533555 MXUMN
Signature of a member or authorize (In accordance with section 608.408(3), Flori affidavit constitutes an affirmation under the stated herein are true.)	ida Statutes, the execution of this	LED MI 12: 30

Filing Fee: \$250.00 for Application and Affidavit

OPERATING AGREEMENT OF LIFEVISION, LLC

Names, Addresses, Capital Contributions and Percentage Interests of Members Schedule A

Name and Address	Non-Cash Contribution Units	Initial Cash Contributions (\$.50/Unit)	Initial Percentage Interest	Number of Units
Visionics Corporation 1000 Boone Ave. North, Ste. 600 Minneapolis, MN 55427 Attention: Dave Henderson	175,000	\$0	16.43%	175,000
Vision Rehabilitation Strategies, Inc. 2668 Winkler Ave. Ft. Meyers, Florida 33906 Attention: Mike Kelley	250,000	\$100,000	42.25%	450,000
Daniel J. Gorney 19 Queens Lane Queensbury, NY 12804	110,000	\$0	10.33%	110,000
Johns Hopkins University 2024 E. Monument Street, Suite 2-100 Baltimore, MD 21205 Attention: Howard Califano, Esquire	330,000	\$0	30.99%	330,000
TOTALS	865,000	\$100,000	100.00%	1,065,000

97 NOV 19 PM 12: 3

BALT01A:129669:1:11/12/97 26018-1

LifeVision, LLC

SCHEDULE B

to

Term Sheet Capital Contributions

1. Visionics

150,000 Common Interests to Visionics for Visionics recognized expenditures, plus an additional 25,000 Common Interests to Visionics for general goodwill (total to Visionics - 175,000 Common Interests):

- LifeVision name and logo
- LifeVision stationery and business cards
- Trademark/Name research
- Preparation of financial statement
- Dan Gorney's salary, benefits and travel and business expenses for August through November 1996; legal expenses, and Matt Severns expenses
- 1996 AAO conference support

2. JHU

- Royalty free license agreement with LifeVision for commercialization of the LifeVision Practice Management System and associated diagnostic and functional tests
- Start-up office and administrative support staff (Baltimore based) for 12 months to effect technology transfer
- Massof unreimbursed time and reputation

3. VRSI

- \$100,000 Cash
- Exclusive royalty free license for (a) existing practice management systems and procedures related to low vision clinic management, and (b) financial management systems (computer time/programs) and reimbursement protocols
- In process low vision deals and prospects
- Administrative start-up office facilities and support staff for 12 months

4. Gorney

- Low-vision systems experience and documentation
- Clinical management contacts and protocols

97 MOV 19 PM 12: 30

STATE OF MARYLAND

563017

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, BRENDA A. WALKER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHT OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LIFEVISION, LLC
IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS
OF THE STATE OF MARYLAND AND THAT SAID LIMITED LIABILITY
COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT
BUSINESS.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 2ND DAY OF SEPTEMBER, 1997.

BRÉNDA A. WALKÉR ADMIN SPECIALIST II

AT5-031