# 1000004

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	OCUMENT NUMBER(S) (if known):
1. AFFORDABL	E CHOME HEARING
2. SERVICES, 4	-NC
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3. (Corporation Name)	(Document #)
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NEW FILINGS	AMENDMENTS
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NonProfit	Resignation of R.A., Officer/Director
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Other	Merger

OTHER FILNGS
Annual Report
 Fictitious Name
 Name Reservation

REGISTRATION/ QUALIFICATION
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Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials

FILED

# ARTICLES OF INCORPORATION

01 JUN 29 PH 2: 05

The undersigned Incorporator(s), for the purpose of forming a TALLAHASSEE, FLORIDA the following Articles of Incorporation.

### <u>ARTICLE I - NAME</u>

The name of the corporation shall be:

AFFORDABLE @ HOME HEARING AID SERVICES, The.

### <u>ARTICLE II – PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

3639 SW- 99 AVE APT.# 1 MIAMI, FL 33165

### **ARTICLE III -SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TERESITA FARIAS
3639 SW- 99 AVE APT # 1
MIAMI,FL 33165

01 JUN 29 PM 2: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

TERESITA FARIAS
3639 SW-99 AVE APT. # 1
MIAMI, FL 33165

Signature

### **ARTICLE VI- DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

TERESITA FARIAS ( PRESIDENT ) 3639 SW- 99 AVE APT. # 1 MIAMI, FL 33165

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature