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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Zounds Hearing, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Paula Schmitz

Name of Person

Paula Schmitz, Attorney at Law, PC

Firm/Company

519 CR 455

Address

Thorndale, TX 76577

City/State and Zip code

Raj.Kapur@zoundshearing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Schmitz at (512) 560-5858

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Zounds Hearing, Inc.**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware** 3. **27-1195958**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **09/09/2009** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **10-26-09**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **4405 E. Baseline Rd., Suite 1140** **Phoenix** **AZ** **85042-7459**
(Principal office address)

4405 E. Baseline Rd., Suite 1140 **Phoenix** **AZ** **85042-7459**
(Current mailing address)

8. **Sales and service of hearing aids**
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **National Corporate Research, Ltd., Inc.**

Office Address: **515 East Park Avenue**

Tallahassee, Florida **32301**
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janine M. Bequette, Asst. Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: please see attached document

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: please see attached document

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Paula Schmitz, Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Zounds Hearing, Inc., a Delaware corporation
List of Officers and Directors**

Officers:

Samuel L. Thomasson, President and CEO
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

Paula Schmitz, Secretary
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

Directors:

Samuel L. Thomasson, Director
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

Derwood S. Chase, Jr., Director
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

J. Michael Stewart, Director and Chairman
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

Gordon Marchand
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

Stuart F. Chase
Zounds Hearing, Inc.
4405 E. Baseline Road, Suite 114
Phoenix, Arizona 85042-7459

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TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZOUNDS HEARING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2010.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7795312

DATE: 02-03-10