F14000004621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2014

S. GILBERT

American
HEARING BENEFITS

6700 Washington Avenue South
Minneapolis, MN 55344

T ▸ 1.866.925.1287
americanhearingbenefits.com

Direct Dial: (952) 947-4814
Cell: (952) 212-7771
Direct Facsimile: (952) 947-4899
Email: awagner@aah.net

September 12, 2014

VIA FEDERAL EXPRESS

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

Re: American Hearing Benefits, Inc.

Dear Sir/Madam:

Enclosed for filing please find the following:

1) An original and one (1) copy of the Statement and Designation by Foreign Corporation;
2) A Certificate of Good Standing from the State of Ohio; and
3) A check in the amount of $700.00 representing the filing fee.

Please forward one filed copy of the field document back to me for our files once available. I am enclosing a stamped, self-addressed envelope for your convenience in forwarding back to me.

If you have any questions regarding the enclosed, please feel free to contact me at (952) 947-4814. Thank you.

Sincerely,

Anita Wagner

Anita Wagner
Paralegal

Enclosure

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: American Hearing Benefits, 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:

Anita Wagner/Legal Dept.
Name of Person

American Hearing Benefits, Inc.
Firm/Company

6600 Washington Ave. South
Address

Eden Prairie, MN 55344
City/State and Zip code

awagner@aah.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita Wagner at (952) 212-7771
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. American Hearing Benefits, 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. Ohio
(State or country under the law of which it is incorporated)

3. 76-0769449
(FEI number, if applicable)

4. 06/09/2004
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

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

7. 6600 Washington Ave. South, Eden Prairie, MN 55344
(Principal office address)

ATTN: Legal Dept., 6600 Washington Ave. South, Eden Prairie, MN 55344
(Current mailing address)

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

Name: Business Filings Incorporated

Office Address: 515 E. Park Avenue Tallahassee

Tallahassee (City), Florida 32301 (Zip code)

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TALLAHASSEE, FLORIDA

9. **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.

Asst. Secretary
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: William F. Austin

Address: 6600 Washington Ave. South
Eden Prairie, MN 55344

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. OFFICERS

President: Jerome C. Ruzicka

Address: 6600 Washington Ave. South
Eden Prairie, MN 55344

Vice President: _____

Address: _____

_____

Secretary: Susan Mussell

Address: 6600 Washington Ave. South, Eden Prairie, MN 55344

Treasurer: Scott A. Nelson

Address: 6600 Washington Ave. South, Eden Prairie, MN 55344

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

12. Susan Mussell
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Susan Mussell, Secretary
(Typed or printed name and capacity of person signing application)