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| (R | equestor's Name) | | | | | |
|---|-------------------------|--|--|--|--|--|
| (A | ddress) | | | | | |
| (A | ddress) | | | | | |
| (C | Sity/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (B | Business Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | Q. SILAS | | | | | |
| | FEB 19 2022 | | | | | |
| | | | | | | |

Office Use Only



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| COVER LETTER | | | | | |
|---|--|--|--|--|--|
| FO: Amendment Section Division of Corporations | | | | | |
| SUBJECT: Lifestyle Hearing Corporation (USA), INC. | | | | | |
| BJECT: Name of Surviving Party | | | | | |
| The enclosed Certificate of Merger and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to: | | | | | |
| Danurys Dominguez | | | | | |
| Contact Person | | | | | |
| Firm/Company | | | | | |
| 2040 NW 91ST Ter | | | | | |
| Pembroke Pines FL 33024 | | | | | |
| City, State and Zip Code | | | | | |
| Danurys.dominguezgarcia@hearusa.com E-mail address: (to be used for future annual report notification) | | | | | |
| E-mail address: (to be used for future annual report indirection) | | | | | |
| For further information concerning this matter, please call: Danutrys Dominguez 2/786 3606-6272 | | | | | |
| Danurys Dominguez Name of Contact Person Area Code Daytime Telephone Number | | | | | |
| ☐ Certified copy (optional) \$30 00 | | | | | |
| MALLING ADDRESS | | | | | |

STREET ADDRESS:

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

MAILING ADDRESS:

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Articles of Merger
For
Florida Limited Liability Company

7122 JAH 31 AH 8: 55

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025. Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

| <u>Name</u> Helix Hearing Care (Florida) Partnership, LLC | <u>Jurisdiction</u> Florida | Form/Entity Type Limited Liability Company |
|--|--|--|
| Lifestyle Hearing Corporation (USA), INC. | Delaware | Corporation |
| | | |
| | | |
| ECOND: The exact name, form/entity typ | e, and jurisdiction of the <u>surv</u> | <u>viving</u> party are as follows: |
| Name | Jurisdiction | Form/Entity Type |
| | | Corporation |

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

| <u>FÓUR</u> | TH: Please check one of the b | oxes that a | pply to surviving en | tity: (if applicable) | | | | | | |
|------------------------------|---|--------------------------|--|---|-----------------------|-----------------------------------|--|--|--|--|
| | This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. | | | | | | | | | |
| | This entity is created by the merger and is a domestic filing entity, the public organic record is attached. | | | | | | | | | |
| | This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached. | | | | | | | | | |
| | This entity is a foreign entity the mailing address to which the differida Statutes is: | hat does no epartment | t have a certificate omay send any proce | of authority to transact buss served pursuant to s. 6 | isiness ir 05.0117 | n this state. The and Chapter 48, | | | | |
| | | | | | | | | | | |
| | L: This entity agrees to pay any 1 1006 and 605.1061-605.1072, F | | rith appraisal rights | the amount, to which me | mbers ar | e entitled under | | | | |
| days at | L: If other than the date of filing fer the date this document is file uary 31, 2022 | | | | t be prio | r to nor more than 90 | | | | |
| | If the date inserted in this block document's effective date on the | | | | nts, this | date will not be listed | | | | |
| SEVE: | NTH: Signature(s) for Each Pa | rty: | | | Tyn | ed or Printed | | | | |
| Name of Entity/Organization: | | | Signature(s): | ı | | ne of Individual: | | | | |
| Lifesty | yle Hearing Corporation (USA). I | NC. | An K | L . | lon H. | Klapper | | | | |
| Helix I | Hearing Care (Florida) Partners | ship, LLC | Just | | lon H. | Klapper | | | | |
| | | | | | | | | | | |
| Corpoi | rations: | | n, Vice Chairman, F | resident or Officer inture of incorporator.) | | | | | | |
| | il partnerships: | Signatur | e of a general partne | r or authorized person | | | | | | |
| | a Limited Partnerships: lorida Limited Partnerships: | | es of all general par e of a general partne | | | | | | | |
| | d Liability Companies: | | e of an authorized p | | | | | | | |
| Fees: | For each Limited Liability Cor | npany: | \$25.00 | For each Corporation | 1 ; | \$35.00 | | | | |
| | For each Limited Partnership: | | \$52.50 | For each General Pa | rtnership | s: \$25.00 | | | | |
| | For each Other Business Entity | <i>y</i> : | \$25.00 | Certified Copy (opt | <u>ional)</u> : | \$30.00 | | | | |