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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Amplifon Hearing Health Care, Corp.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2019 FEB 22 14:09:52

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FEB 23

S. PRAT

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. Amplifon Hearing Health Care, Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Minnesota
(State or country under the law of which it is incorporated)
3. 85-0437037
(FEI number, if applicable)
4. 12/10/2003
(Date of incorporation)
5. Perpetual
(Date of duration, if other than perpetual)
6. 01/01/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 150 South Fifth Street Suite 2300 Minneapolis, MN 55402
(Principal office address)
- (Current mailing address, if different)

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

Name: NRAI Services, Inc.

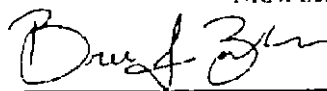
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

NRAI Services, Inc. Bree Zahner, Asst. Secretary

By: 
(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: *Attached is full list of officers/directors.

Address: _____

Vice Chairman: _____

Address: _____

Director: Marc C. Lundberg

Address: 150 South Fifth Street Suite 2300 Minneapolis, MN 55402

Director: Lorenzo Bassi

Address: 150 South Fifth Street Suite 2300 Minneapolis, MN 55402

B. OFFICERS

President: _____

Address: _____

Vice President: Tabitha Erick

Address: 150 South Fifth Street Suite 2300 Minneapolis, MN 55402

Secretary: Emily Duke

Address: 150 South Fifth Street Suite 2300 Minneapolis, MN 55402

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Denise Bell, Secretary

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

**List of Officers and Directors
For
Amplifon Hearing Health Care, Corp.**

Marc C. Lundeborg, CEO and Director
150 South Fifth Street Suite 2300
Minneapolis, MN 55402

Lorenzo Bassi, CFO/ Director
150 South Fifth Street Suite 2300
Minneapolis, MN 55402

Tabitha Erck, Vice President
150 South Fifth Street Suite 2300
Minneapolis, MN 55402

Emily Duke, Secretary
150 South Fifth Street Suite 2300
Minneapolis, MN 55402

Denise Bell, Secretary
150 South Fifth Street Suite 2300
Minneapolis, MN 55402

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Amplifon Hearing Health Care, Corp.
Date Filed:	12/10/2003
File Number:	716951-3
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/21/2019



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota