FIGOMA43

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W1900004843A

Office Use Only



100329063711

05/10/19--01/008--005 **78.75

SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

DAVID PETERSON 1114 NW 2ND AVENUE FORT LAUDERDALE, FL 33311

SUBJECT: JS HEARING, INC. Ref. Number: W19000048432

We have received your document for JS HEARING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 519A00009979

Yvette Scott Document Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JS Hearing, In	c d/b/a A Better Hearing Ce	nter		
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," of above referenced foreign co	or "Certificate of Good St	anding" and check are sub		
Please return all correspond	ence concerning this matt	er to the following:	720	
DAVID PETERSON			EC 19	
	Name o	f Person	2019 HAY 2 SECRETA	
DAVID PETERSON INC			ZARY ASS	
	Firm/Co	mpany	E P II	
1114 NW 2nd AVENUE			LOST F.	
	Ado	lress	REFERENCE OF THE PARTY OF THE P	
FORT LAUDERDALE, FL 3.	3311			
		and Zip code	<u> </u>	
	-	-		
pppete33027@aol.com	-mail address: (to be use	l for future annual report	notification)	
For further information con	cerning this matter, please	e call:		
DAVID PETERSON	at (954	540-0207		
Name of Person	Area Co	ode Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration 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.	JS HEARING, IN	NC					
		rporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	C	OMPANY," "CORPORATION	٧,,"		
	(If name unavaila	ble in Florida, enter alternate corporate name	adop	oted for the purpose of transactir	ng business	in Flor	rida)
2.	COLORADO	3.	83-	1300547			
	(State or country	under the law of which it is incorporated)		(FEI number, if ar	pplicable)		
4.	07/21/2018	5.					
••		of incorporation)	-	(Date of duration, if other	than perpe	tual)	
6.							
٥.		(Date first transacted business i					
		(SEE SECTIONS 607.1501 & 607.1	502.	F.S., to determine penalty liabil	ity)		
7.	930 Mar Walt Driv	ve Suite D, Fort Walton Beach, FL 32547, U.	NITE	D STATES	Σcs	201	
		(Princi	pal o	ffice address)	.LA	19 HAY	
	1114 NW 2nd AV	ENUE, FORT LAUDERDALE, FL 33311			HA HA		<u> </u>
		(Current maili	ng ac	ldress, if different)	SE	82	r
					m Sh	PX	
8.	Name and street	address of Florida registered agent: (P.	Э. В	ox <u>NOT</u> acceptable)	CRETARY OF STATE LAHASSEE. FLORIDA	1 :1 1	
	Name:	DAVID A PETERSON		_	AGE AGE	1	
Of	ffice Address:	1114 NW 2nd AVENUE		_			
		FORT LAUDERDALE		, Florida 3331			
		(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.

(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

Chairmar	i: JAMES N. STOBAUGH	
Address:	15950 EAGLE LN	
	BUENA VISTA, CO 81211	
	irman:	
Director:	JAMES N. STOBAUGH	
Address:	15950 EAGLE LN	
	BUENA VISTA, CO 81211	
Director:		
Address:		2019 TALL
B. OFF	ICERS	128 1728 ASSE
President	JAMES STOBAUGH	mg PP M
Address:	15950 EAGLE LN	STATE OF THE STATE
	BUENA VISTA, CO 81211	Dm #
Vice Pres	ident:	
Address:		· · · · · · · · · · · · · · · · · · ·
Secretary:		
Address:		
Treasurer	;	
Address:		-
NOTE:	If necessary, you may attach an addendum to the application listing additional	d officers and/or directors.
12.	Janes Stotaugh - PRESIDENT JAMES N. Signature of Director or Officer	Stobaugh
The offic are true a	Signature of Director or Officer rer or director signing this document (and who is listed in number 11 above) and that he or she is aware that false information submitted in a document to tegree felony as provided for in s.817.155, F.S.	ffirms that the facts stated herein
13	TAMES STODAUGH · PRESIDENT (Typed or printed name and capacity of person signing applic	ation)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

JS Hearing, Inc.

is a

Corporation

formed or registered on 07/21/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181565290.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/06/2019 that have been posted, and by documents delivered to this office electronically through 05/08/2019 @ 08:48:23.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/08/2019 @ 08:48:23 in accordance with applicable law. This certificate is assigned Confirmation Number 11560631



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."