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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

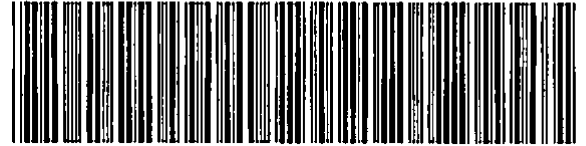
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Educational Audiology Association, Inc
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rebecca Albertini
Name of Person

Educational Audiology Association
Firm/Company

24123 Peachland Blvd C4 #349
Address

Port Charlotte, FL 33954
City/State and Zip Code

edaudassoc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Albertini at (800) 460-7322
Name of Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Educational Audiology Association, Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Colorado 3. 46-1378279
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/7/2006 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 24123 Peachland Blvd CY #349, Port Charlotte FL
(Principal office street address) 33954

Same
(Current mailing address, if different)

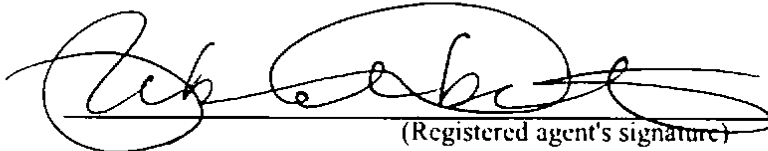
8. Facilitate delivery of Audiology services to children w/ auditory
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) impaired hearing

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

Name: Rebecca Albertini
Office Address: 24123 Peachland Blvd CY #349
Port Charlotte, FL Florida 33954
(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.*


(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Rebecca Albertini
☐ Vice Chairman Address: 24123 Peachland Blvd
☒ Director CU #349
☐ President Port Charlotte, FL
☐ Vice President 33954
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lisa Cannon
☐ Vice Chairman Address: 24123 Peachland Blvd
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Post President ☐ Other: _____

☐ Chairman Name: Hilary Davis
☐ Vice Chairman Address: 24123 Peachland Blvd
☐ Director CU #349
☒ President Port Charlotte, FL
☐ Vice President 33954
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cassie Thomas
☐ Vice Chairman Address: 24123 Peachland Blvd
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Krista Yuskow
☐ Vice Chairman Address: 24123 Peachland Blvd
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: President-Elect ☐ Other: _____

☐ Chairman Name: Aurora Weaver
☐ Vice Chairman Address: 24123 Peachland Blvd
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rebecca Albertini Executive Director
(Typed or printed name and capacity of person signing application)

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,

Educational Audiology Association

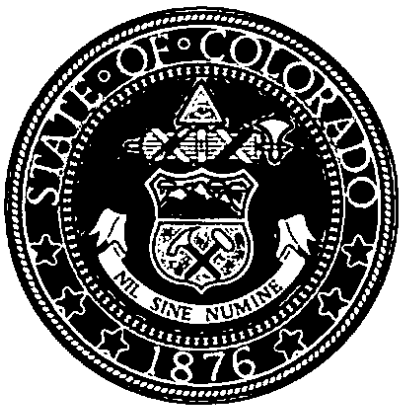
is a

Nonprofit Corporation

formed or registered on 12/07/2006 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 20061500120 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/06/2022 that have been posted, and by documents delivered to this office electronically through 06/07/2022 @ 14:53:58 .

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 06/07/2022 @ 14:53:58 in accordance with applicable law. This certificate is assigned Confirmation Number 14075606 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****

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."

Additional Directors:

Kathleen Riley
Vice President
24123 Peachland Blvd

Susan Dilmuth-Miller
Vice President
24123 Peachland Blvd

Tori Ashton
Vice President
24123 Peachland Blvd

Sarah Florence
Vice President
24123 Peachland Blvd