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(Address)

(Address)

(City/State/Zip/Phone #)

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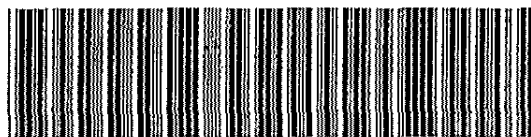
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01/03/05--01031--008 **125.00

J. BRYAN JAN - 7 2005

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

SUBJECT: ADVANCED FAMILY HEARING AID CENTER, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jerilyn M. Clark
Advanced Family Hearing Aid Center, LLC
6441 W. Norvell Bryant Hwy
Crystal River, FL 34429
(352) 795-1775

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED FAMILY HEARING AID CENTER, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6441 WEST NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429

Mailing Address:

6441 WEST NORVELL BRYANT HWY
CRYSTAL RIVER, FL 34429

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JERILLYN M. CLARK

Name

2478 S. BOLTON AVENUE

Florida street address (P.O. Box **NOT** acceptable)

HOMOSASSA, FL 34448

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JERILLYN M. CLARK

2478 S. BOLTON AVENUE

HOMOSASSA, FL 34478

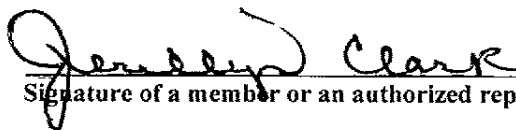
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V-Effective date shall be January 01, 2005

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JERILLYN M. CLARK

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)