

L080000061566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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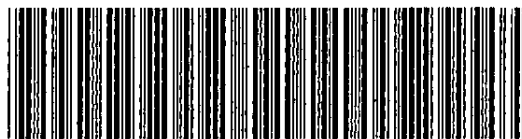
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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J. BRYAN

JUN 24 2008

EXAMINER

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:
Advanced Diagnostics and Hearing
Solutions, LLC

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

Please return all correspondence concerning this matter to the following:

Shawn T. Steed

3219 Pine Club Drive

Plant City, Florida 33566

For further information concerning this matter, please call:

Shawn T. Steed

(813) 629-6104

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is Advanced Diagnostics and Hearing Solutions, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the LLC is:

Mailing Address: 3219 Pine Club Drive, Plant City, FL 33566.

Principal Office: 3219 Pine Club Drive, Plant City, FL 33566.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature

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

Shawn Thomas Steed
3219 Pine Club Drive
Plant City, FL 33566

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

ARTICLE IV – Managing Members:

The name of each Managing Members (MGRM) are as follows:

Title:	Name and Address:
MGRM	Lisa Tanner 3902 N. Stanley Road Plant City, FL 33565
MGRM	Dale Tanner 3902 N. Stanley Road Plant City, FL 33565

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MGRM

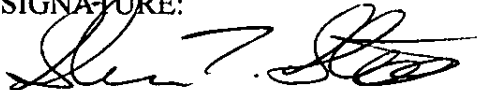
Jennifer Steed
3219 Pine Club Drive
Plant City, FL 33566

MGRM

Shawn Steed
3219 Pine Club Drive
Plant City, FL 33566

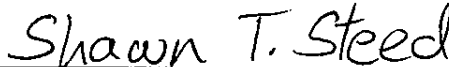
ARTICLE V – The effective date of this filling will be July 4, 2008.

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.)



Printed name of signee

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