# L10000052942

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	<b>→</b> #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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05/07/10--01002--005 \*\*125.00

Effective Date 06/01/10

SECRETATION OF CERPORATION

T. HAMPTON MAY 1 8 2010

EXAMINER

W10-23359

#### **COVER LETTER**

•	TO:	Registration : Division of Co						
	SUBJE	CCT:	Debby's	Hous	e of He	earing, L	LC	
			Name of Limit	ted Liab	ility Comp	oany		
	The end	closed Articles o	of Organization and fee(s) are	submitt	ed for filir	ıg.		
	Please i	return all corresp	pondence concerning this mat	ter to th	e followin	g:		
			C		J. Stefa	a		
				Name (	oi reison			
	-		Debby's I			ring, LLC		
				Firm/C	Company			•
	_		10002	Friers	on Lake	Drive	·	
				Ad	dress			
			Нц	ıdson	FL 3466	<b>3</b> 9		
	•		Ci	ty/State a	and Zip Cod	le		
	-	·	E-mail address: (to be used		Daol.com		on)	
	For furt	her information	concerning this matter, pleas		·		r	·
		Deb	ra L Stefa	at (	727	_)	85	58-3563 <sub>_</sub>
		Name	of Person	(	Area Cod	e & Daytime	Telep	hone Number
	Enclose	ed is a check fo	or the following amount:					
	<b>√</b> \$i25.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified Co	ng Fee & Opy oy is enclosed		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taltahassee, FL 32314		Registra Division Clifton I 2661 Ex	courier Addition Section of Corporal Building ecutive Censee, FL 323	tions ter Ci	rcle



### FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

10 MAY 17 PM 4:00

CONTRACTOR OF THE PARTY OF THE

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 7, 2010

CHARLES J STEFA 10002 FRIERSON LAKE DR HUDSON, FL 34669

SUBJECT: DEBBY'S HOUSE OF HEARING, LLC

Ref. Number: W10000022359

We have received your document for DEBBY'S HOUSE OF HEARING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 7, 2010. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00011575

## Effective Date 06/6110

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

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
	e of Hearing, LLC ed Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10002 Frierson Lake Drive Hudson FL 34669	10002 Frierson Lake Drive Hudson FL 34669
	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another
The name and the Florida street address o	of the registered agent are:
Card	ol Yarbrough
	Wedgewood Way ss (P.O. Box NOT acceptable)
Bayonet Point 34	- · · · · · · · · · · · · · · · · · · ·
Having been named as registered agent a	and to accept service of process for the above stated limited

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 Agents Signature (REQUIRED

(CONTINUED)

10 MAY 17 AM SE 50

#### Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):	
The name and address of each Manager or Managing Member is as follo	ws:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Charles J. Stefa, Mgr	10002 Frierson Lake Drive
	Hudson FL 34669
(Use attachment if necessary)	
TICLE V: Effective date, if other than the an effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: 6-1-10 (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	THE
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
	Charles J. Stefa, Mgr
Filing Fees:	ped or printed name of signee
	<u>.</u>

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)