

JUN-10-2010 14:39  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000135632 3)))



H100001356323ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
10 JUN 10 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Advanced AuDiology, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
10 JUN 10 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JUN 11 2010

FAX AUDIT # **H10000135632 3**

**ARTICLES OF ORGANIZATION  
OF  
Advanced AuDiology, PLLC**

**FILED**  
**10 JUN 10 PM 1:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I NAME**

The name of the limited liability company shall be: Advanced AuDiology, PLLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1150 N.35th Ave Suite 395, Hollywood, Florida 33021.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203  
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of  
Leon.

**ARTICLE IV DURATION**


The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and  
address of the member of the Limited Liability Company is:  
Marifran Ramaglia, 4976 Cypress Lane, Coconut Creek, Florida 33073

**Article VI Purpose**

The purpose of the limited liability company is: Providing diagnostic audiology services to adult and  
pediatric populations.

  
\_\_\_\_\_  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

Date: June 9, 2010

FAX AUDIT # **H10000135632 3**

**FAX AUDIT # H10000135632 3**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Advanced AuDiology, PLLC**

The name and address of the registered agent and office is **Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.**

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *June 9, 2010*

**FAX AUDIT # H10000135632 3**