

L11000025302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

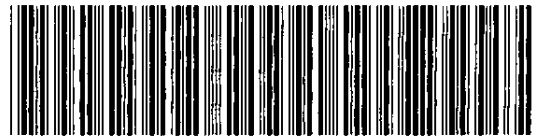
(Document Number)

Certified Copies _____ Certificates of Status _____

W11-10757

Special Instructions to Filing Officer

Office Use Only



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03/01/11--01007--002 **130.00

EFFECTIVE DATE *2/17/11*

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 22 PM 2:22

Rec'd. 2/22/11

B Tadlock MAR 01 2011

FF \$125
1115 5

NO \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Quality Hearing & Audiology, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Christopher Blake Walden

Name of Person

Quality Hearing & Audiology, LLC

Firm/Company

1111 NE 25th Ave #204

Address

Ocala, FL 34470

City/State and Zip Code

hear2help@cox.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Blake Walden at (**352**) **812-4117**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy 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
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

CHRISTOPHER BLAKE WALDEN
QUALITY HEARING & AUDIOLOGY, LLC
1111 NE 25TH AVE. #204
OCALA, FL 34470

SUBJECT: QUALITY HEARING & AUDIOLOGY, LLC
Ref. Number: W11000010757

We have received your document for QUALITY HEARING & AUDIOLOGY, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 311A00004556

ENCLOSED IS THE CHECK
FOR QUALITY HEARING
AUDIOLOGY, LLC.

Sorry!

Chad Wall

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

QUALITY HEARING & AUDIOLOGY, LLC

(Must end with the words "Limited 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:

1111 NE 25th Ave

Suite 204

Ocala, FL 34470

Mailing Address:

1111 NE 25th Ave

Suite 204

Ocala, FL 34470

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christopher Blake Walden

Name

1111 NE 25th Ave #204

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

Ocala

FL

34470

City, State, and Zip

EFFECTIVE DATE
2/17/11

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 (REQUIRED)

(CONTINUED)

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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:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 17, 2011. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Christopher Blake Walden

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)