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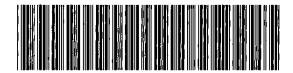
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### CORPORATE ACCESS.

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## SWF HEARING SOLUTIONS, LLC

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The undersigned organizer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

#### **ARTICLE I. NAME**

The name of the Limited Liability Company ("Company") shall be SWF HEARING SOLUTIONS, LLC.

#### ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this Company shall be 9240 Bonita Beach Road, Suite 3305, Bonita Springs, Florida 34135, and the mailing address of the Company shall be the same.

#### ARTICLE III. TERM OF EXISTENCE

This Company shall commence its existence on the date these Articles are filed, pursuant to Florida Statutes Section 608.409; and shall exist until dissolved in a manner provided by law or as provided in the operating agreement adopted by the members.

#### **ARTICLE IV. NATURE OF BUSINESS**

This Company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE V. MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company pursuant to Florida Statutes Section 608.422. The names and addresses of the initial managers are as follows:

Reginald Garratt 9240 Bonita Beach Road, Suite 3305 Bonita Springs, FL 34135

Lynn Charlier 9240 Bonita Beach Road, Suite 3305 Bonita Springs, FL 34135

#### ARTICLE VI. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

- 1. The name of the initial registered agent of the Company is Jeff M. Novatt, Esq.
- 2. The street address of the initial registered office of the Company shall be Cheffy Passidomo, P.A., 821 Fifth Avenue South, Naples, Florida 34102. The mailing address shall be Cheffy Passidomo, P.A., 821 Fifth Avenue South, Naples, Florida 34102.

#### **ARTICLE VII. ORGANIZER**

The name and street address of the Organizer to these Articles of Organization is:

Jeff M. Novatt, Esq. Cheffy Passidomo, P.A. 821 Fifth Avenue South Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned has hereunto set his hands on this 21 day of June, 2011.

Jeff M. Novatt, Esq. Authorized Representative

#### **ACCEPTANCE**

I agree, as Registered Agent, to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said limited liability company authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law. I am familiar with and accept the obligations of my position as registered agent.

WITNESS my hand this 215t day of June, 2011, in the City of Naples, State of Florida.

Jeff M. Novatt, Esq. Registered Agent

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