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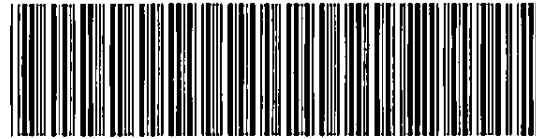
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DATE: 05/10/23

NAME: CLARITY PROFESSIONAL HEARING AID CENTER, LLC

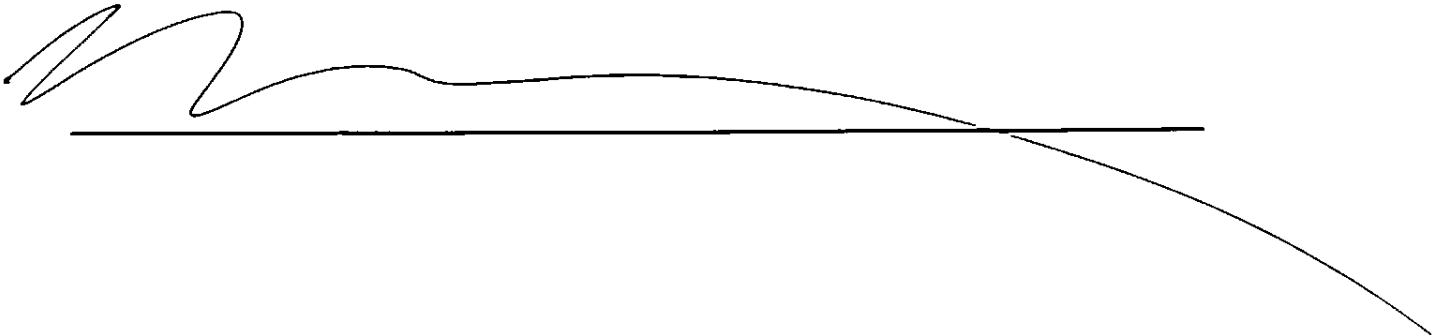
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**ARTICLES OF ORGANIZATION
OF
CLARITY PROFESSIONAL HEARING AID CENTER, LLC**

ARTICLE I – NAME

The name of the limited liability company is CLARITY PROFESSIONAL HEARING AID CENTER, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
3057 Donato Drive N.
Jacksonville, Florida 32226


Mailing Address:
3057 Donato Drive N.
Jacksonville, Florida 32226

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Michelle Christie
3057 Donato Drive N.
Jacksonville, Florida 32226

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 605, F.S.



Michelle Christie

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

Michelle Christie
3057 Donato Drive, N.
Jacksonville, Florida 32226

REQUIRED SIGNATURE:

Michelle Christie

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

Michelle Christie

Typed or printed name of signer

2023 MAY 10 AM 8:56

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY **CLARITY PROFESSIONAL
HEARING AID CENTER, LLC**, SUBMITS THE FOLLOWING STATEMENT TO
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA:

1. The name of the Limited Liability Company is **CLARITY PROFESSIONAL
HEARING AID CENTER, LLC**.

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

Michelle Christie

3057 Donato Drive N., Jacksonville, Florida 32226 (Post office box is NOT
acceptable.)

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 605, Florida Statutes.



Michelle Christie
Registered Agent