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SECRETARY OF STATE



November 21, 2008

GRACE S. BRINKMAN 2607 NW 33RD STREET #2113 OAKLAND PARK, FL 33309

SUBJECT: LINDA LOGAN, PRIVATE AUDIOLOGIST, LLC

Ref. Number: W08000052810

We have received your document for LINDA LOGAN, PRIVATE AUDIOLO 文章 大, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00058116

COVER LETTER

Division of Corporations
SUBJECT: Linda Logan, Private audio logist, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Clo Grace S. Brinkman (Name of Person)
(Name of Person)
Linde Losan Private audiologist, UCES
(Firm/Company)
SSA
(Firm/Company) 2607 NW 33rd St. 2113 (Address)
(Address)
Ockland Park, FL 33309 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Grace S. Brinkman Diace S. Brinkman at (954) 232-4334
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{\text{\$125.00 Filing Fee}} \sum_{\text{\$130.00 Filing Fee}} \text{\$\sum_{\text{\$130.00 Filing Fee}} \text{\$\sum_{\text{\$155.00 Filing Fee}} \text{\$\text{\$\text{\$\cent{\$Certificate} of Status}}} \text{\$\sum_{\text{\$\cent{\$Certified Copy}}} \text{\$\text{\$\cent{\$\sin}\$}\end{\$\cent{\$\cen{\$\cent{\$\cent{\$\cen{\$\cent{\$\cen{\$\cent{\$\cent{\$\cent{\$\cent{\$\}\$\cent{\$\cent{

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GORSOB, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Linda Logan, Private andiologist, LLC
(Name of Foreign Uthnited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LL.C.")
2. State of Delaware 3. 26-3307426 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
409-08-2008 5 Unkrawn
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
6. No. Obster first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 2601 NW 33rd St. # 2113 Ookland, lask, Fl. 333rd F. Concept Address of Principal Office)
2601 NW 33rd St. # 2113 Ookland, look, Ft. 333rd The Reserved Company Check here
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Grace S. Brinkman
2607 MW 33d St. #2113
Oakland Park, Fl. 33309
- 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: headquarters
Of LLC - hearing pid dispensing # consulting.
X Diace S. Broken
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the fixes stated herein are true.)
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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:		
Linda Logan Private audiologist, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:	2000 DEC SECRETALIAHA	
2. The name and the Florida street address of the registered agent and office are:	-) ARY SSEI	
NRAI Services, Inc.	PM 3: OF STI	O
273/ Executive Park Drive, Swite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)	3: 17 STATE LORIDA	
Weston FL 33331 City/State/Zip		

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. Florida Statutes.

Xonda Diven, Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDA LOGAN, PRIVATE AUDIOLOGIST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDA LOGAN, PRIVATE AUDIOLOGIST, LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Warriet Smith Hindson

DATE: 12-01-08