# MIDDOWSD

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
6540				
6540 638.75 WM-2744				

Office Use Only



300294078453

JAN 1 7 2017 S. YOUNG TALLAHASSEE, FLORIDA



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

**CORPORATION SERVICE COMPANY - MELISSA** 

RESUBINITION Please give original submission date as file date.

SUBJECT: HEAR BETTER CENTERS, LLC

Ref. Number: W17000002744

We have received your document for HEAR BETTER CENTERS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 717A00000702

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 461377 7848964 AUTHORIZATION COST LIMIT : ORDER DATE: January 10, 2017 ORDER TIME: 8:52 AM ORDER NO. : 461377-005 CUSTOMER NO: 7848964 FOREIGN FILINGS NAME: HEAR BETTER CENTERS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Hear Better Centers LI		11'-1''- 0- 11'-1''	
(Name of For	eign Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "LLC.	")
(If name unavailable, enter a Liability Company," "L.L.C.	Itemate name adopted for the purpose of transacting bu" or "LLC.")	siness in Florida. The alternate name mus	t include "Limited
2. Delaware	<sub>3</sub> 46-4865.	267	
	of which foreign limited liability	(FEI number, if applicable)	
4. 01/30/2015			
	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to dete	ior to registration.) rmine penalty liability)	
5. 233 Wilmington West	Chester Pike Chadds Ford, PA 19317		
decompleted and a second a second and a second a second and a second a second and a second and a second and a	(Street Address of Principal Office)		
6. 580 Howard Ave Some	•		
WPA*I- likhola arranga	(Mailing Address)		# PA
7 Name and street address	·		CRECE AND
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> ac	серине)	
Name:	Corporation Service Company	and the laterature	- 182
Office Address:	1201 Hays Street		<b>3</b> m
	Tallahassee	, Florida 32301	<b>⇔</b> ⊆
	(City)	(Zip code)	<b>8</b> 8
Registered agent's accep Having been named as re	tance: gistered agent and to accept service of process fo	or the above stated limited liability co	7
designated in this applica	tion, I hereby accept the appointment as register	ed agent and agree to act in this capa	icity. I further agree
	ons of all statutes relative to the proper and com my position as registered agent.	olete performance of my duties, and i	l am familiar with and
-coop. we congulators of t	Corporation Service Company	Melis	sa Zender
	Registered agon's signat	Ann VI	ce President
	(Registered agences signate	1 2000. 4 1	oc i resident
8. The name, title or capa	city and address of the person(s) who has/have au	thority to manage is/are:	
Vince Russomagno, Gene	ral Manager, 233 Wilmington West Chester Pike	Chadds Ford, PA 19317	
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
<del></del>			
9. Attached is a certificate	of existence, no more than 90 days old, duly author	enticated by the official having custod	v of records in the
jurisdiction under the law o	of which it is organized. (If the certificate is in a fo		
of the translator must be su	ibmitted)		
		······································	
	Signature of an authorized p	erson	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Flore the Department of State constitutes a third degree	da Statutes. I am aware that any false felony as provided for in s.817.155. H	information .S.
	Vince Russomagno	, ,	

Typed or printed name of signee

Page 1

# <u>Delaware</u>

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEAR BETTER CENTERS, 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 TENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEAR BETTER CENTERS, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2010.

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

17 JAN 11 AM 8: 00

JAN 11 AM 8: 00



Autne

Authentication: 201849834

Date: 01-10-17

4853437 8300 SR# 20170158348