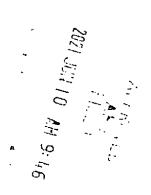
| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               | _ |
| (Address)                               |   |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  |   |
| (Document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

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 587293 7848964 AUTHORIZATION ( COST LIMIT : \$ 125.00 ORDER DATE: December 24, 2020 ORDER TIME : 2:26 PM ORDER NO. : 587293-100 CUSTOMER NO: 7848964 FOREIGN FILINGS NAME: HEARING SERVICES USA, 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: Alexxis Weiland -- EXT# 61592

EXAMINER:

## **COVER LETTER**

| TO:                  | Registration Section Division of Corporations  |   |
|----------------------|--|---|
| SUBJE                | Hearing Services USA, LLC  |   |
|                      | Na   | me of Limited Liability Company   |
| The enc<br>Existence | closed "Application by Foreign Limited Liability<br>ce, and check are submitted to register the above                        | y Company for Authorization to Transact Business in Florida," Certificate of<br>e referenced foreign limited liability company to transact business in Florida. |
| Please r             | eturn all correspondence concerning this matter  | to the following:   |
|                      |  | Name of Person  |
|                      | <del></del>  | Firm/Company  |
|                      |  | · ······ dopany   |
|                      |  | Address   |
|                      |  | City/State and Zip Code   |
|                      | E-mail address: (to b  | e used for future annual report notification)   |
| For furth            | er information concerning this matter, please ca   | all:  |
|                      |  | at ()   |
|                      | Name of Contact Person   | at () Area Code Daytime Telephone Number  |
|                      | Mailing Address:<br>Registration Section   | Street Address: Registration Section  |
|                      | Division of Corporations   | Division of Corporations  |
|                      | P.O. Box 6327  | The Centre of Tallahassee   |
| -                    | Γallahassec, FL 32314  | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303  |
| P                    | Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEP  \$125.00 Filing Fee  Certificate o | c & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate  |

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

IN COMPLIANCE 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:

| Commerce   1   | me unavailable, enter altern   | tte name adopted for the purpose of transacting business in F   | lorida. The alte                  | ernate name must include "Limited Liabili  | ity Company," "L.I. | . C," or "LLC          |
|--|--|---|-----------------------------------|--|---------------------|------------------------|
| Comporation Service Company   Comporation Service Of Florida registered agent and to accept service of process for the above stated limited liability company at the ranked in this application, I hereby accept the appointment as registered agent and a projection, I furth in specification, I forth in specification, I furth in specification, I hereby accept the appointment as registered agent and agree to act in this conactiv. I furth and the specification, I hereby accept the appointment as registered agent and agree to act in this conactiv. I furth and the specification, I hereby accept the appointment as registered agent and agree to act in this conactiv. I furth and the specification, I hereby accept the appointment as registered agent and agree to act in this conactiv. I furth  |  |   |                                   | 20-5070723   |                     |                        |
| Address of Principal Office)  Address of Principal Office)  Commerset, NJ 08873  Somerset, NJ 08873  Somerset, NJ 08873  Somerset, NJ 08873  Ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  Name:  1201 Hays Street  Office Address:  Tallahassee  (City)  Tallahassee  (City)  Total  (City)  Tot | Jurisdiction under the law o   | f which foreign limited liability company is organized)   | ے. ۔                              | (FEI number, i   | f applicable)       | <del></del>            |
| Somerset, NJ 08873  Ame and street address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  Name:  1201 Hays Street  Office Address:  Tallahassee  (City)  Total (City |  |   |                                   |  |                     |                        |
| Address of Principal Office)  Tomerset, NJ 08873  Somerset, NJ 08873  Somerset, NJ 08873  Somerset, NJ 08873  Address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  Name:  1201 Hays Street  Office Address:  Tallahassee  (City)  Tallahassee  (City)  Tomerset, NJ 08873  Somerset, NJ 08873  Corporation Service Company  Tallahassee  Tallahassee  (City)  Tallahassee  Tallahassee  Tallahassee  (City)  Tallahassee  |  | (Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ   | registration.)<br>inc penalty hal | bility)  | <del></del>         |                        |
| Address of Principal Office)  In principal Office Address of Florida registered agent: (P.O. Box NOT acceptable)  Corporation Service Company  Name:    1201 Hays Street   1201 Hays Str |  |   |                                   | 80 Howard Avenue   |                     |                        |
| Tallahassee  Tallahassee  (City)  Tallahassee  (City)  Tallahassee (City)  Tallahassee (City)  (City)  Tallahassee (City)  (City)  Tallahassee (City)  Tallahassee (City)  (City)  Tallahassee (City)  (City)  Tallahassee (City)  Tallahassee (City)  (City)  Tallahassee (City)  (City)  Tallahassee (City)  Tal | Address of Principal Office  | )   | ·· <u>-</u> -                     | (Mailing Address)  |                     |                        |
| Name:    Corporation Service Company   Company | omerset, NJ 0887   | <b>'</b> 3  | So                                | omerset, NJ 08873  |                     |                        |
| Office Address:  Tallahassee  (City)   | me and street addr   | ess of Florida registered agent: (P.O. Box  | NOT acc                           | epiable)   | . <del></del>       | 2021 JU                |
| (City)  , Florida  (Zip code)  rered agent's acceptance:  g been named as registered agent and to accept service of process for the above stated limited liability company at the ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth   |  |   | NOT acco                          | eptable)   | 2                   | 2021 JUN 10            |
| ered agent's acceptance: g been named as registered agent and to accept service of process for the above stated limited liability company at the ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth  | Name:  | Corporation Service Company  1201 Hays Street   | NOT acco                          | eptable)   |                     | 2021 JUH 10 AM 9       |
| g been named as registered agent and to accept service of process for the above stated limited liability company at the<br>ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth  | Name:  | Corporation Service Company 1201 Hays Street  | NOT acco                          | <br><br>32301  |                     | 9: 1                   |
| uply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia.  ccept the obligations of my position as registered agent.  Corporation Service Company   | Name:  | Corporation Service Company 1201 Hays Street Tallahassee  | NOT acco                          | <br>   | -                   | 9: 1                   |
| By: Imanda & Johnson   | Name:  Office Address: stered agent's acce ag been named as r nated in this applic | Corporation Service Company  1201 Hays Street  Taliahassee  (City)  ptance: egistered agent and to accept service of pration, I hereby accept the appointment assions of all statutes relative to the proper all so of my position as registered agent. | rocess for<br>revistered          | 32301, Florida(Zip code)  the above stated limited liable appears and agree to act in this | is conacity. I      | 9.<br>16<br>at the pla |

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Audiology Holding Company, LLC Michael Schmid □ Manager □ Manager Address: 580 Howard Avenue Address: 580 Howard Avenue **≅** Member ☐ Member Somerset, NJ 08873 Somerset, NJ 08873 □ Authorized □ Authorized Person Person Vice President

■Other\_ □Other Other Other Name: Joe DiRenzo Melissa Gage □ Manager □ Manager Name: 580 Howard Avenue Address: 580 Howard Avenue □Member □Member Somerset, NJ 08873 Somerset, NJ 08873 □ Authorized □ Authorized Person Person Tax Signing Offic Company Secret **■**Other Other Other\_\_\_\_ Name: Dean Pappous □ Manager Name: \_\_\_\_\_ □Manager 580 Howard Avenue Address: □Member Address: Somerset, NJ 08873 □ Authorized □ Authorized Person Person President Other | □Other\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.

Typed or printed name of signee

Joe DiRenzo



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

DELAWARE, DO HEREBY CERTIFY "HEARING SERVICES USA, 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEARING SERVICES USA, LLC" WAS FORMED ON THE TWELFTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203336433

Date: 06-01-21