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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

30000388053--2
-09/11/00--01087--001
*****70.00 *****70.00

SUBJECT: CHILDREN'S HEARING ASSOCIATES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: LEAH K. LIGHT
Name (Printed or typed)

3315 OTTAWA LN
Address

COOPER CITY FL 33026
City, State & Zip

954-436-4256
Daytime Telephone number

FILED
00 SEP 11 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

9/11

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

CHILDREN'S HEARING ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3315 OTTAWA LN
COOPER CITY FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DIAGNOSTIC AUDIOLOGY

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

LEAH K. LIGHT
3315 OTTAWA LN
COOPER CITY FL 33026

ARTICLE VI REGISTERED AGENT

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

STEVEN LIGHT
3315 OTTAWA LN
COOPER CITY FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN LIGHT
3315 OTTAWA LN
COOPER CITY FL 33026

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

9/5/00

Signature/Incorporator

STEVEN LIGHT

Date

9/6/00