POI COUCS 495

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

SUBJECT: HEAVING AID SA	9CES & SERVICE ENAME-MUST INCLUDE SUFFIX) 600004383361 -06/08/0101043003 *****70.00 ******70.00	
Enclosed is an original and one(1) copy of the articles \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$ of incorporation and a check for : \$ \$78.75 \$87.50 \$87.50 \$Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status \$ ADDITIONAL COPY REQUIRED	
FROM: CRAIG L. Schuette Name (Printed or typed) 12300 PANK BLVD. #220 Address Seminole FL. 33772 City, State & Zip Daytime Telephone number		

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

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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: Schuette HEAring AIDS,	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ABLVD	TALLAHASSEE FLORING
ARTICLE III PURPOSE The purpose for which the corporation is organized is: HEAVING AID SACES + SER	VICE
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS DIRECTORS The name(s) and address(es):	S (optional)
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered age	ent is:
CRAIG L. Schuette	12300 Park Blvd. #220 Seminole, FL 33772
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Chaig L. Schuette	12300 Park Blvd. #220 Seminole, FL 33772
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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	
Signatum/Registered Agent/Incorporator	6-1-01
- Somy Incorporator	Date