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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

FLORIDA PROFIT CORPORATION OR P.A.

J. Lopez Hearing Aids, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03/4
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01 JUL 23 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION**OF****J. Lopez Hearing Aids, Inc.****FILED**
01 JUL 23 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **J. Lopez Hearing Aids, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **1111 S.E. 34th Terrace, Cape Coral, FL 33904.**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of \$1.00 per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael F. Kayusa, Esq., 1922 Victoria Avenue, Suite A, Fort Myers, FL 33901.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is Jane A. Lopez, P/VP/S/T/D, 1111 S.E. 34th Terrace, Cape Coral, FL 33904.

The undersigned has executed these Articles of Incorporation this 23rd day of July, 2001.

"Capital Connection, Inc. by A. Kim Clemons, Client Representative"



A. KIM CLEMONS

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CERTIFICATE OF DESIGNATION**REGISTERED AGENT/REGISTERED OFFICE**

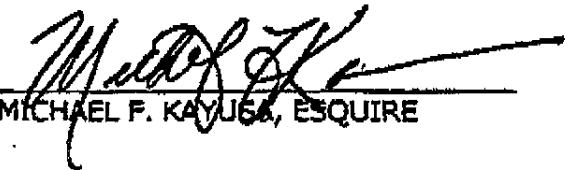
Pursuant to the provisions of Section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: J. Lopez Hearing Aids, Inc.
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2. The name and street address of the registered agent and office is:

Michael F. Kayusa, Esquire
1922 Victoria Avenue, Suite A
Fort Myers, Florida 33901

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.


MICHAEL F. KAYUSA, ESQUIRE

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