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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

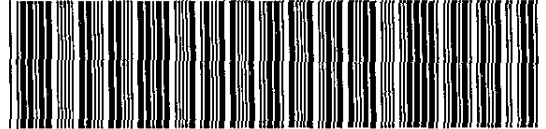
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Marion & Citrus Hearing, Inc.

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

☐ LTD Partnership File \_\_\_\_\_

☐ Foreign Corp. File \_\_\_\_\_

☐ L.C. File \_\_\_\_\_

☐ Fictitious Name File \_\_\_\_\_

☐ Trade/Service Mark \_\_\_\_\_

☐ Merger File \_\_\_\_\_

☐ Art. of Amend. File \_\_\_\_\_

☐ RA Resignation \_\_\_\_\_

☐ Dissolution / Withdrawal \_\_\_\_\_

☐ Annual Report / Reinstatement \_\_\_\_\_

☐ Cert. Copy \_\_\_\_\_

☒ Photo Copy \_\_\_\_\_

☐ Certificate of Good Standing \_\_\_\_\_

☐ Certificate of Status \_\_\_\_\_

☐ Certificate of Fictitious Name \_\_\_\_\_

☐ Corp Record Search \_\_\_\_\_

☐ Officer Search \_\_\_\_\_

☐ Fictitious Search \_\_\_\_\_

☐ Fictitious Owner Search \_\_\_\_\_

☐ Vehicle Search \_\_\_\_\_

☐ Driving Record \_\_\_\_\_

☐ UCC 1 or 3 File \_\_\_\_\_

☐ UCC 11 Search \_\_\_\_\_

☐ UCC 11 Retrieval \_\_\_\_\_

☐ Courier \_\_\_\_\_

ARTICLES OF INCORPORATION  
OF  
MARION & CITRUS HEARING, INC.

The undersigned incorporators hereby form a corporation under Chapter 607, Florida Statutes.

ARTICLE I  
NAME

The name of this corporation is:

MARION & CITRUS HEARING, INC.

ARTICLE II  
GENERAL PURPOSE

The general purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III  
CAPITAL STOCK

The aggregate number of shares of stock which the corporation shall have authority to issue is 750 shares of common stock, having a par value of \$10.00 per share.

ARTICLE IV  
ADDRESS OF INITIAL REGISTERED OFFICE, PRINCIPAL OFFICE AND  
NAME OF INITIAL REGISTERED AGENT

The initial registered office and principal office of this corporation and the name of its initial registered agent at such address are:

RICKEY E. RICHARDSON  
10556 County Road 119  
Oxford, Florida 34484

ARTICLE V

Pursuant to the provisions of Section 607.111, Florida Statutes, the business of the Corporation shall be managed by the stockholders of the Corporation, rather than by a Board of Directors.


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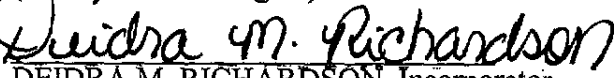
ARTICLE VI  
INCORPORATORS AND OFFICERS

The names and addresses of the incorporators and the initial officers are:

<u>Name &amp; Address</u>	<u>Office</u>
RICKEY E. RICHARDSON Post Office Box 513 Wildwood, Florida 34785	President & Treasurer
DEIDRA M. RICHARDSON Post Office Box 513 Wildwood, Florida 34785	Vice President & Secretary

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 12<sup>th</sup> day of August, 2004.

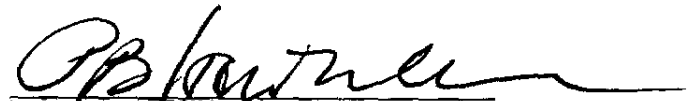
  
RICKEY E. RICHARDSON, Incorporator  
(also as Resident Agent)

  
DEIDRA M. RICHARDSON, Incorporator

STATE OF FLORIDA  
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the state and county aforesaid to take acknowledgments, personally appeared RICKEY E. RICHARDSON and DEIDRA M. RICHARDSON, personally known to me, and to me known to be the persons described as the incorporators in and who executed the foregoing Articles Of Incorporation, and they acknowledged before me that they executed the said Articles Of Incorporation.

WITNESS my hand and official seal in the county and state last aforesaid, this 12<sup>th</sup> day of August, 2004.

  
NOTARY PUBLIC.



P. B. Howell, Jr.  
MY COMMISSION # CC958801 EXPIRES  
August 22, 2004  
BONDED THRU TROY FAIN INSURANCE, INC

Notary Seal/Stamp &  
Commission Expiration Date:

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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:

MARION & CITRUS HEARING, INC.

2. The name and address of the registered agent and office is:

RICKEY E. RICHARDSON  
10556 County Road 119  
Oxford, Florida 34484

(Mailing address:  
Post Office Box 513  
Wildwood, Florida 34785)

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.

Dated this 12<sup>th</sup> day of August, 2004.

  
RICKEY E. RICHARDSON

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