

P05000096424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

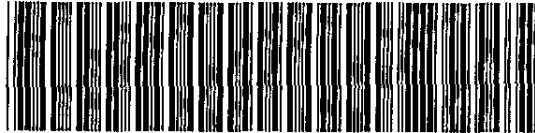
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05 JUL -7 PM 2:35
DIVISION OF COURT CLERK
HALLANDALE BEACH, FLORIDA

C.S. 7-8

CAPITAL CONNECTION, INC.

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

J. Audiology, Inc.

- ☒ 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

Signature _____

Requested by: *WL*

Name _____

Date *7/7*

Time *11:00*

Walk-In _____

Will Pick Up _____

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: J. AUDIOLOGY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5491 University Drive, Suite 101
Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Audiology Practice

ARTICLE IV SHARES

The number of shares of stock is: One Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Anthony J. Jelly, President/Director
5491 University Drive, Suite 101
Coral Springs, FL 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

David B. Dickenson, Esq.
980 North Federal Highway, Suite 410
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David B. Dickenson
980 North Federal Highway, Suite 410
Boca Raton, FL 33432

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 David B. Dickenson

Date

Signature/Incorporator David B. Dickenson

Date

FILED
05 JUL -7 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA