

P060000 64680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

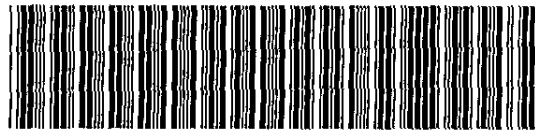
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700062969857

05/02/06--01035--001 **87.50

2006 MAY -1 AM 9:56
TALLAHASSEE, FL 32301
FBI

Stamps: MAY - 9 2006

COVER LETTER

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

SUBJECT: Hearing Center of the Village, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

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

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

FROM: Mary Jo Marvin
Name (Printed or typed)

16850 S. US. Hwy. 441 ste. 306
Address

Summerfield, FL 34491
City, State & Zip

352-307-7377
Daytime Telephone number

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

RECEIVED
06 MAY - 1 PM 4:39

**Hearing
Center of
The Village
Mary Jo Marvin, BC-HIS**

April 28, 2006

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

Re: Affidavit Statement

To Whom It May Concern:

Hearing Center of the Village, Inc., document number P98000010487 and/or its officer(s) (Mary Jo Marvin, President), do not intend to revoke the dissolution filed 04/28/06 and therefore requests the name, Hearing Center of the Village, Inc. to be released to new corporation applied for on 04/28/06.

Thank you,



MJ Marvin,
President, Hearing Center of the Village, Inc.

**Baylee Plaza #306
Summerfield, Florida 34491**

**16850 South Hwy 441
352-307-7377**

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:

Hearing Center of the Village, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16850 S. US. Hwy 441 Ste. 306
Summerfield, FL. 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hearing Aid Center

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary Jo Marvin (President)
4939 SE 41st Court
Ocala, FL. 34480

ARTICLE VI REGISTERED AGENT

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

MARY JO MARVIN
16850 S HWY 441 - Ste 306
SUMMERFIELD, FL 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Jo Marvin
4939 SE 41st Court
Ocala, FL. 34480

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

MJ Marvin
Signature/Registered Agent

MJ Marvin
Signature/Incorporator

4/28/06
Date

4/28/06
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 MAY -1 AM 9:56

11:30