

PO80000 91047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

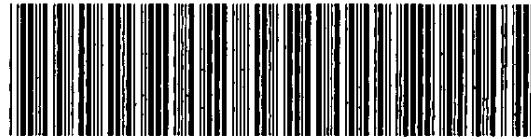
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2008 OCT -1 P 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08-32180
7/12
H

COVER LETTER

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

SUBJECT: FLORIDA MEDICAL HEARING AIDS INC II
(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: FLORIDA MEDICAL HEARING AIDS INC II
Name (Printed or typed)

5401 S. KIRKMAN ROAD, SUITE 310
Address

ORLANDO, FLORIDA 32819
City, State & Zip

407-852-5800
Daytime Telephone number

2008 OCT -1 P 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2008

FLORIDA MEDICAL HEARING AIDS INC II
5401 S. KIRKMAN ROAD SUITE 310
ORLANDO, FL 32819

SUBJECT: FLORIDA MEDICAL HEARING AIDS II
Ref. Number: W08000032180

We have received your document for FLORIDA MEDICAL HEARING AIDS II and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
New Filing Section

Letter Number: 808A00040023

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:

FLORIDA MEDICAL HEARING AIDS INC II

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5401 S. KIRKMAN ROAD, STE 310
ORLANDO, FL 32819

7255 VISTA PARK BLVD.
ORLANDO, FL 32829

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:
1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
PEGGY EARLY, 7255 VISTA PARK BLVD., ORLANDO, FLORIDA 32829
WILLIAM EARLY, 7255 VISTA PARK BLVD., ORLANDO, FLORIDA 32829

ARTICLE VI REGISTERED AGENT


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
PEGGY EARLY, 7255 VISTA PARK BLVD., ORLANDO, FLORIDA 32829

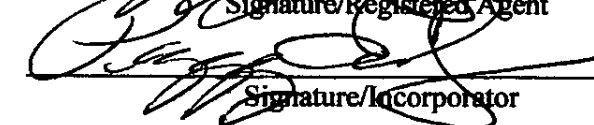
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
PEGGY EARLY, 7255 VISTA PARK BLVD., ORLANDO, FLORIDA 32829

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Signature/Incorporator

06/30/08

Date

06/30/08

Date