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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. LEWIS
DEC 04 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Hearing Aid Solutions, Inc
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jimmie M Young
(Contact Person)

Atlantic Hearing Aid Solutions, Inc
(Firm/Company)

6842 Arlington Expressway
(Address)

Jacksonville, Florida 32211
(City, State and Zip Code)

For further information concerning this matter, please call:

Charity J Sweet Speicher at (904) 725-5590
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $105.00 Filing Fees ☐ $113.75 Filing Fees and Certificate of Status ☐ $113.75 Filing Fees and Certified Copy ☑ $122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Atlantic Hearing Aid Solutions.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a sole proprietorship

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on ~~09/08/2008~~ 8-4-2008.

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

_____.

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Atlantic Hearing Aid Solutions, Inc.

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date:_____.
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 24th day of November, 20 08.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: X Jimmie M. Young
Printed Name: Jimmie M Young Title: Chairman

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Charity J Sweet
Printed Name: Charity J Sweet Title: Sole Prioprietorship

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:
Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:
Signatures of **ALL** General Partners.

If Florida Limited Liability Company:
Signature of a Member or Authorized Representative.

All others:
Signature of an authorized person.

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TALLAHASSEE, FLORIDA

Fees:

Certificate of Conversion:	$35.00
Fees for Florida Articles of Incorporation:	$70.00
Certified Copy:	$8.75 (Optional)
Certificate of Status:	$8.75 (Optional)

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TALLAHASSEE, FLORIDA

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:

Atlantic Hearing Aid Solutions, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6842 Arlington Expressway

Jacksonville, FL. 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dispense and service hearing aids and hearing aid related items

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jimmie M Young, Chairman
% Atlantic Hearing Aid Solutions, Inc
6842 Arlington Expressway
Jacksonville, Florida 32211

Charity J Sweet Speicher, Vice Chairman
%Atlantic Hearing Aid Solutions, Inc
6842 Arlington Expressway
Jacksonville, Florida 32211

ARTICLE VI REGISTERED AGENT

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

Jimmie M Young
% Atlantic Hearing Aid Solutions, Inc
6842 Arlington Expressway
Jacksonville, Florida 32211

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Charity J Sweet Speicher
%Atlantic Hearing Aid Solutions, Inc
6842 Arlington Expressway
Jacksonville, Florida 32211

****

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

Jimmie M. Lamar — 11-24-2008

Signature/Registered Agent — Date

Charity J Sweet Speicher — 11-24-2008

Signature/Incorporator — Date

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TALLAHASSEE, FLORIDA