

PD9000021540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

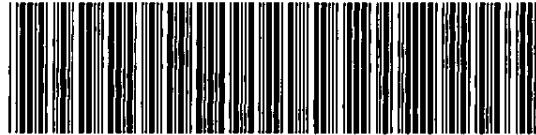
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FILED
2009 MAR -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Physicians Hearing Alliance, 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: Erick J. Arnett

Name (Printed or typed)

14468 Surrey Bend

Address

Spring Hill, FL 34609

City, State & Zip

352.428.8314

Daytime Telephone number

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

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:

The Physicians Hearing Alliance, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14468 Surrey Bend
Spring Hill, FL 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To dispense hearing aids

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):

Erick J. Arnett
President/Owner

ARTICLE VI REGISTERED AGENT

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

Erick J. Arnett
14468 Surrey Bend
Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

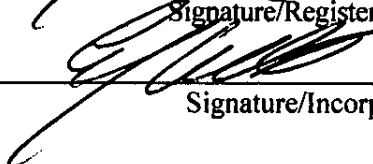
The name and address of the Incorporator is:

Erick J. Arnett
14468 Surrey Bend
Spring Hill, FL 34609

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



Date



Date

FILED
2009 MAR -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA