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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	"
<u> </u>		

Office Use Only

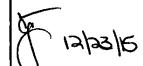
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15 DEC 17 PH 2: 02 15 DEC 17 PH 2: 02



COVER LETTER

TO: Charter Section Division of Co					
SUBJECT: Ageless He	aring Inc.				
		Resulting Florida	Profit	Corporation	
The enclosed Certificat Entity" into a "Florida	e of Conversion, Article Profit Corporation" in ac	s of Incorporation coordance with s.	, and fe 507.11	ees are submitted to convert at 15, F.S.	n "Other Business
Please return all corres	pondence concerning thi	s matter to:			
Doug Gibson					
	Contact Person	· · · · · · · · · · · · · · · · · · ·	•		
Ageless Hearing Inc.					
	Firm/Company		•		
2344 Bee Ridge Rd. Sui	te 101				
	Address				
Sarasota FL 34239					
	City, State and Zip Cod	e	•		
agelesshearing@gmail.co	om				
E-mail address: (1	o be used for future ann	ual report notifica	tion)		
For further information	concerning this matter,	please call:			
Doug Gibson		941 at (927-24	424 Daytime Telephone Number	
Name of Co	ontact Person	Area Co	ode 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 and Certified Co		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	14 ± 22 − -
STREET ADDRESS:			MAIL	ING ADDRESS:	<u> </u>

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

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

2: 02



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2015

DOUG GIBSON 2344 BEE RIDGE ROAD SUITE 101 SARASOTA, FL 34239

SUBJECT: AGELESS HEARING INC.

Ref. Number: W15000079477

We have received your document for AGELESS HEARING INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 115A00025810

PH 2: 02

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

FILED 15 DEC 17 PH 2: 02

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:
Ageless Hearing LLC
Enter Name of Other Business Entity 1500150453
2. The "Other Business Entity" is a
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
September 2, 2015 on .
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:
•
Ageless Hearing 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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be

Signed thisday of	, 20	
Required Signature for Florida Profit Corporation:		
Signature of Chairman, Vice Chairman, Dinestor, Offi- Incorporator: Douglas J Gibson Printed Name: Douglas J Gibson Title: Officer	Social Control of the	n selected, an
Required Signature(s) on boltant of Other Business		s).]
Signature:	ib	-
Printed Name: Douglas J Gibson	Title: President Dilector	
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 Signature of one General Partner.	Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		원을 대
All others: Signature of an authorized person.		FILE PEC 17 1
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	ED PH 2: 02

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ADDIOLD I MARK	co, and or employ only (11000)	FILED	
The name of the corporation shall be: Ageless Hearing Inc.	· · · · · · · · · · · · · · · · · · ·	15 DEC 17 PH 2: 02	
ARTICLE II PRINCIPAL OFFICE		SECRETARY OF STATE	
The principal place of business/mailing address is:		LEGRETARY OF STATE	
Principal street address 2344 Bee Ridge Rd.	Mailing address, if dif	ferent is:	
Suite 101			
Sarasota, FL 34239			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Professional Corporation			

		······	
ARTICLE IV SHARES The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIRE			
Name and Title: Douglas J Gibson, President Director		· · · · · · · · · · · · · · · · · · ·	
Address: 3959 Brookside Dr.	Address:		
Sarasota, FL 34231			
Name and Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·	
Address:	Address:		
Name and Title:	Name and Title:		
Address:	Address:		

	e and Florida street address (P.O. Box NO	ble) of the registered agent is:	
Name:	Douglas J Gibson	, , ,	
Address:	3959 Brookside Dr.		
	Sarasota, FL 34231		
ARTICL			
The name	and address of the Incorporator is:		
Name:	Douglas J Gibson		
Address:	3959 Brookside Dr.		
	Sarasota, FL 34231		
		rocess for the above stated corporation at the place designal as registered agent and agree to act in this capacity	ted in
	Haralan (<u> </u>	
	Required Signature/Registered Agent	ETOR Date	
	his document and affirm that the facts sta	are true. I am aware that any false information submitted	l in a
document	to the Department of State constitutes a th	e felony as provided for in s.817.155, F.S.	
	Ingles John	11-30-2015	
	Required Signature/Incorporator	Date	
	Dungles T Eilen	ector	

FILED

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SCOMMAN SEE FLORIDA

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