

PI6 000083697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

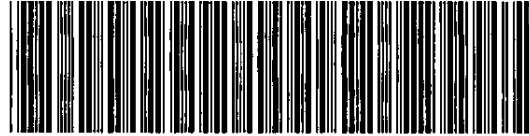
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/01/16--01003--025 **78.75

16 OCT -7 PM 1:55
STATE
CLERK
TALLAHASSEE, FLORIDA

M. MOON
OCT 07 2016

COVER LETTER

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

16 OCT - 7 PM 1:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Englewood Hearing Center 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: DOUGLAS RANKIN
Name (Printed or typed)

11034 pennington Ave Unit B
Address

Englewood, Florida 34224
City, State & Zip

941-306-9258
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2016

DOUGLAS RANKIN
11034 PENDLETON AVE, UNIT B
ENGLEWOOD, FL 34224

SUBJECT: ENGLEWOOD HEARING AID CENTER INC.
Ref. Number: W16000063493

RECEIVED
16 OCT -7 AM 11:59
DIVISION OF COMMERCIAL
INFORMATION SERVICES

We have received your document for ENGLEWOOD HEARING AID CENTER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 916A00019595

RECEIVED
16 OCT -7 PM 1:55
DIVISION OF COMMERCIAL
INFORMATION SERVICES

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: Englewood Hearing Aid center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11034 Pendleton Ave. Suite B

Mailing address, if different is:

Englewood, Florida 34224

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a Hearing Aid office to Test, sell, Repair and
disperse Hearing Aids

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas Rankin Name and Title: President

Address: 11034 Pendleton Ave Suite B Address:
Englewood, Florida 34224

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

Name and Title: Address: Name and Title: Address:

16 OCT -7 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Douglas Rankin
Address: 11034 Pendleton Ave Suite B
Englewood, Florida 34224

ARTICLE VII INCORPORATOR

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

Name: Douglas Rankin
Address: 11034 Pendleton Ave Suite B
Englewood, Florida 34224

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT - 7 PM 1:55

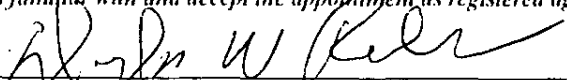
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

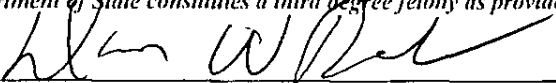
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

10-5-16
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10-5-16
Date