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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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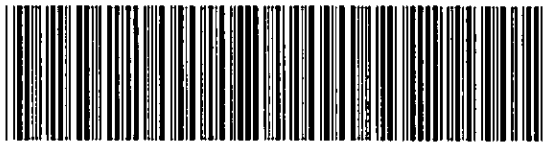

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2019 JAN -2 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 07 2019

COVER LETTER

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

SUBJECT: ADVANCED HEARING CARE, 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: Karen Butchart
Name (Printed or typed)

7114 Melogold Circle
Address

Land O Lakes FL 34637
City, State & Zip

586-854-4327
Daytime Telephone number

tums711@comcast.net
E-mail address: (to be used for future annual report notification)

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: ADVANCED HEARING CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7114 MELOGOLD CIRCLE

LAND O LAKES FL 34637

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES AND SERVICE OF HEARING DEVICES.

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN BUTCHART - P

Address: 7114 MELOGOLD CIRCLE

LAND O LAKES FL 34637

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: KAREN BUTCHART

Address: 7114 MELOGOLD CIRCLE

LAND O LAKES FL 34637

ARTICLE VII INCORPORATOR

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

Name: KAREN BUTCHART

Address: 7114 MELOGOLD CIRCLE

LAND O LAKES FL 34637

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 2, 2019 (OPTIONAL)

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

Karen L. Butchart 12/27/18

Required Signature/Registered Agent 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.

Karen L Butchart 12/27/18

Required Signature/Incorporator Date