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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)541-3694
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

certified hearing aids of florida, inc.

Certificate of Status	0
Certified Copy	1
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**CERTIFICATE OF INCORPORATION
OF
CERTIFIED HEARING AIDS OF FLORIDA, INC.**

FIRST : The name of the corporation is : **CERTIFIED HEARING AIDS OF FLORIDA, INC.**

SECOND : The principal office of the corporation is :

**4952 SHERIDAN ST
HOLLYWOOD FL 33021**

THIRD : The nature of the business and objects and purposes proposed to be transacted , promoted and carried on are to do any and all things herein mentioned , as fully and to the same extent as natural persons might of could do , and in any part of the world , viz

" The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the General Corporation Law of the Florida ."

FOURTH : The corporation shall have the authority to issue one hundred (100) shares of Common Stock , each share to have No Par Value . The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH : The name and address of the sole incorporator of the corporation is as follows :

**JAY W GOLDMAN
4952 SHERIDAN ST
HOLLYWOOD FL 33021**

SIXTH : The name and address of the Designated Resident Agent of the Corporation is :

**JAY W GOLDMAN
4952 SHERIDAN ST
HOLLYWOOD FL 33021**

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JAY W GOLDMAN sole incorporator

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Certificate prepared by : HOWARD R. SCHWARTZ, C.P.A. 1500 University Drive , Suite 247 ,
Coral Springs , Florida 33071
CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE , NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED .

In pursuance of Chapter 607.34 , Florida Statutes , the following is submitted in compliance
therewith :

FIRST : that **CERTIFIED HEARING AIDS OF FLORIDA, INC.** desiring to organize under
the laws of the State of Florida , with the principal office , as indicated in the Articles of
Incorporation , and located in Broward County , Florida , at :

**4952 SHERIDAN ST
HOLLYWOOD FL 33021**

has named

**JAY W GOLDMAN
4952 SHERIDAN ST
HOLLYWOOD FL 33021**

as its agent to accept service of process within this state .

SECOND : **ACKNOWLEDGMENT** (Must be signed by designated Agent) .
Having been named to accept service of process for the above named corporation , at the place
designated in this Certificate , I here by accept to act in this capacity , and agree to comply with
the provisions of said Act relative to keeping open said office .


JAY W GOLDMAN, Resident Agent

This Certificate Designating Resident Agent prepared by :

**HOWARD R. SCHWARTZ, C.P.A.
1500 University Drive , Suite 247
Coral Spring , Florida 33071**

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