

Filing Fee: \$150.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Hearing Assist, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Virginia

4. The date of its organization is January 8, 2009

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Blvd., Suite 200

(Street Address, not P.O. Box)

Warwick

(City/Town)

RI 02888

(Zip Code)

and the name of the resident agent at such address is National Registered Agents, Inc.

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

945 Seahawk Circle, Virginia Beach, VA 23452

9. The mailing address for the limited liability company is:

945 Seahawk Circle, Virginia Beach, VA 23452

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2010 JAN 14 PM 2:06

FILED

JAN 14 2010

By JMD

206

29-108297

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: January 5 2016

Hearing Assist, LLC

Print Exact Name of Limited Liability Company Making Application

By _____

Signature of authorized person

Floyd Kiriloff, member

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to HEARING ASSIST, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of January 08, 2009.

As of the date below, this certificate of organization is in effect and the company is current in the payment of all annual registration fees assessed against it by the Commission.

As of the date below, articles of cancellation have not been filed in this office by HEARING ASSIST, LLC, a Virginia limited liability company.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:
January 12, 2010*



Joel H. Peck

Joel H. Peck, Clerk of the Commission



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

