

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

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By JMD

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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