



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/21/2003	200314101488	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

BUSINESS FILINGS INCORPORATED
8025 EXCELSIOR DR. SUITE 200
ATTN: TOSAN OGEDENGBE
MADISON, WI 53717

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1389333**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AULT INTERNATIONAL MEDICAL MANAGEMENT, LLC

and, that said business records show the filing and recording of:

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200314101488

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 21st day of May, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

PO Box 670
Columbus, OH 43216**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for
Domestic Limited Liability Company
(115-LCA)
ORC 1705

(2) ☐ Application for Registration of
Foreign Limited Liability Company
(106-LFA)
ORC 1705

(Date of Formation)

(State)

Complete the general information in this section for the box checked above.

Name Ault International Medical Management, LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified,
(mm/dd/yyyy) the date must be a date on or after the date of filing.

This limited liability company shall exist for
(Optional) _____

(Period of existence)

Purpose
(Optional)

Telephonic Medical Management for Third Party Administrators, Reinsurers, Self-administered employers and others encompassing, but not limited to, Utilization Management, Large Case Management, Maternity Management, Disease Management, Health Risk Assessment, Worksite Wellness, and Transplant

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)

Deborah L. Ault

(Name)

560 Park Avenue

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Bucyrus

(City)

Ohio

(State)

44820

(Zip Code)

2003 MAY 21 PM 1:27

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Ault International Medical Management, LLC

(name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Business Filings Incorporated

(Name of Agent)

17 South High Street, 13th Floor

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Columbus

(City)

Ohio

(State)

43215

(Zip Code)

Must be authenticated by an authorized representative

Deborah L. Ault

Authorized Representative

Deborah L. Ault

4/30/03

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Ault International Medical Management, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

Mark Schiff

(Agent's signature)

Business Filings Incorporated,

Mark Schiff, AVP

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Deborah L. Ault

Authorized Representative
Deborah L. Ault

4/30/03

Date

Print Name

Authorized Representative

Date

Print Name