



|            |              |                                                        |        |       |         |      |      |
|------------|--------------|--------------------------------------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION                                            | FILING | EXPED | PENALTY | CERT | COPY |
| 08/01/2008 | 200821400842 | ARTICLES OF ORGNZTN/DOM.<br>PROFIT LIM.LIAB. CO. (LCP) | 125.00 | .00   | .00     | .00  | .00  |

**Receipt**

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

EARTH ANGELS HOME HEALTH CARE  
9741 CEDAR WOOD DR.  
N. ROYALTON, OH 44133

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1796149**

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

**EARTH ANGELS HOME CARE L L C**

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

Document(s)

**ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.**

Document No(s):

**200821400842**

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 25th day of July, A.D.  
2008.

Ohio Secretary of State



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

**Prescribed by:**

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

**Expedite this Form: (Select One)**  
**Mail Form to one of the Following:**

- ☐ Expedite PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100\*\*\*  
☐ Non Expedite PO Box 670  
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC  
LIMITED LIABILITY COMPANY**  
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE:

**(CHECK ONLY ONE (1) BOX)**

|                                                                                                                                                             |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company</b><br/>(115-LCA)<br/>ORC 1705</p> | <p><b>(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company</b><br/>(115-LCA)<br/>ORC 1705</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

Name of limited liability company:

Earth Angels Home Care LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date

(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for

(Optional)

Period of Existence

Purpose

(Optional)

---



---



---



---



---



---

☐ Check here if additional provisions are attached

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member(s), manager(s) or representative(s) of

Earth Angels Home Care LLC  
Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice of 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

Shane Simone  
Name of Agent

9741 cedarwood Dr  
Mailing Address

North Royalton  
City

Ohio  
State

44133  
Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is a resident of the state of Ohio.

**ACCEPTANCE OF APPOINTMENT**

The undersigned, named herein as the statutory agent for

Earth Angels Home Care LLC  
Name of Limited Liability Company

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

Shane Simone  
Agent's Signature

**REQUIRED**

Articles and original  
appointment of agent  
must be **(signed)** by a  
member, manager or  
other representative.

Shane Simone  
Signature

7-22-08  
Date

Shane Simone  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name