



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/27/2009	200905702004	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

PARKCREST MEDICAL FORUM
2200 JEFFERSON ST
TOLEDO, OH 43624

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1838842

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

PARKCREST MEDICAL FORUM, LLC

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200905702004



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 February,
A.D. 2009.

Ohio Secretary of State



**Form 533A Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

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

RECEIVED

FEB 25 2009

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705
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Name of limited liability company

PARKCREST MEDICAL FORUM, LLC

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

Effective Date _____ (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)
(Optional) mm/dd/yyyy

This limited liability company shall exist for perpetual
(Optional) Period of Existence

Purpose
(Optional)

☐ Check here if additional provisions are attached

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

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



Signature

2/20/09

Date

Tara J. Kestner, authorized agent

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)

ORIGINAL APPOINTMENT OF AGENT

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

PARKCREST MEDICAL FORUM, 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

Tara J. Kestner

Name of Agent

3626 S. Detroit Ave.

Mailing Address

Toledo

City

Ohio

State

43614

Zip Code

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

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

PARKCREST MEDICAL FORUM, LLC

Name of Limited Liability Company

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



Agent's Signature