



| DATE:      | DOCUMENT ID  | DESCRIPTION                                            | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|--------------------------------------------------------|--------|-------|---------|------|------|
| 04/30/2009 | 200912000314 | 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.

ABDULKADIR ADEN  
2021 E. DUBLIN GRANDVILLE  
RE: CARE HOMEHEALTH CARE  
COLUMBUS, OH 43229

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1854090**

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

**CARE HOMEHEALTH CARE, LLC**

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

Document(s)

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

Document No(s):

**200912000314**

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 29th day of April, 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**

**(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

Name of limited liability company

CARE HOME HEALTH 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)

4/29/09  
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)

TO PROVIDE HOME HEALTH CARE  
SERVICES

☐ Check here if additional provisions are attached

**ORIGINAL APPOINTMENT OF AGENT**

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

CARE HOMEHEALTH CARE, 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

ABDULKADIR ADEN

Name of Agent

2021 E. DUBLIN GRANDVILLE SUITE #248

Mailing Address

Columbus

City

Ohio

State

43229

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

CARE HOMEHEALTH CARE, LLC

Name of Limited Liability Company

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

Abdulkadir J. Aden

Agent's Signature

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



Date



Print Name

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

(See Instructions Below)