



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/15/2009	200916600158	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

Receipt

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

HALLOWES, ALLEN & HAYNES
DONALD B. BALLOWES
6445 E. LIVINGSTON AVE.
REYNOLDSBURG, OH 43068

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1863776**

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

LYONS HOME HEALTH 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):

200916600158

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 12th day of June, 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
Bussserv@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

Lyons 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)

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)

Perpetual

Period of Existence

Purpose

(Optional)

To engage in any lawful activity permitted a limited liability company under the
laws of the state of Ohio.

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

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

Lyons Home Health 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

Jo Ann Murphy-Bruce

Name of Agent

1353 E. Weber Road

Mailing Address

Columbus

City

Ohio

State

43211

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

Lyons Home Health Care, LLC

Name of Limited Liability Company

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

Jo Ann Murphy-Bruce

Agent's Signature

Jo Ann Murphy-Bruce

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.

Jo Ann Murphy-Bruce
Signature

6-12-09
Date

Jo Ann Murphy-Bruce
Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)