DOC ID ----> 201015501295

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/07/2010	201015501295	ARTICLES OF ORGNZTN/DOM. NONPROFIT LIM.LIAB. CO. (LCN)	125.00	.00		.00	.00

Receipt

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

TODD A. ROBINSON
1630 MARKET N.
APT. 3A
CANTON, OH 44714

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1941040

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

HELPING HANDS BEHAVIORAL LLC

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

Document(s)	Document No(s):
ARTICLES OF ORGNZTN/DOM. NONPROFIT LIM.LIAB. CO.	**201015501295**

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 3rd day of June, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201015501295

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

Helping Hands Behavioral 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***

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ORIGINAL APPOINTMENT OF AGENT

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

Helping Hands Behavioral 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

Todd Ahmad Rashad Robinson
Name of Agent

1630 Market N. Apt 3A
Mailing Address

Canton — City
Ohio — State
44714 — 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

Helping Hands Behavioral LLC
Name of Limited Liability Company

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

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 6-1-10

Print Name Todd A Robinson

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

(See Instructions Below)