



DATE: 03/30/2012	DOCUMENT ID 201208901025	DESCRIPTION ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	FILING 125.00	EXPED 100.00	PENALTY	CERT .00	COPY .00
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Receipt

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

JUDY NYSTROM
3000 SOM CENTER RD
PEPPER PIKE, OH 44124

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2094742**

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

LEGACY VISITING HEALTH SERVICES 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):

201208901025

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 March, A.D.
2012.

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.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company Legacy Visiting Health Services LLC

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

Effective Date 3/29/2012
(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 To provide services of home health and medical care to persons in need of care in the home
(Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

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

Legacy Visiting Health Services, 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

Judy Nystrom

Name of Agent

3000 SOM Center Rd

Mailing Address

Pepper Pike

City

Ohio

State

44124

ZIP Code

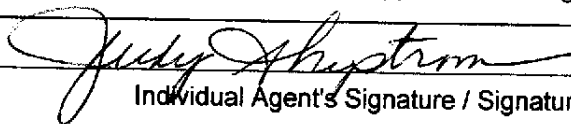
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Legacy Visiting Health Services, LLC

Name of Limited Liability Company

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



Individual Agent's Signature / Signature on Behalf of Corporate Agent

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

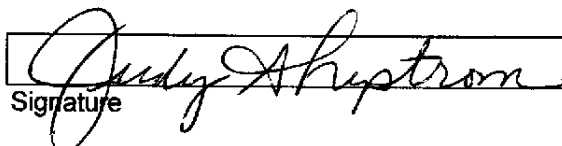
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

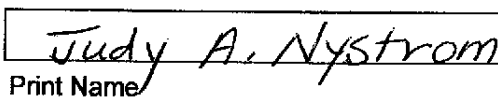
Articles and original appointment of agent must be signed by a member, manager or other representative.

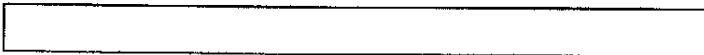
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

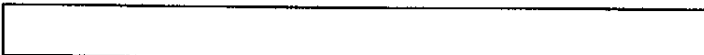

Signature

By (if applicable)


Print Name

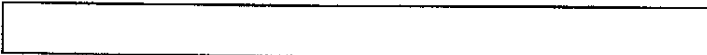

Signature

By (if applicable)


Print Name


Signature

By (if applicable)


Print Name