



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/28/2012	201227101345	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	125.00	.00		.00	.00

Receipt

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

AXIS HOME HEALTHCARE, INC.
PO BOX 308
HINCKLEY, OH 44233

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2139359**

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

AXIS HOME HEALTHCARE, INC.

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

Document(s):

DOMESTIC FOR PROFIT CORP - ARTICLES

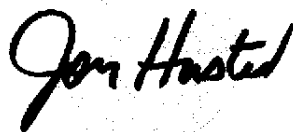
Document No(s):

201227101345

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 26th day of September,
A.D. 2012.

Ohio Secretary of State



Form 532A Prescribed by:

JON HUSTED
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

Initial Articles of Incorporation

(For Profit, Domestic Corporation)

Filing Fee: \$125
(113 - ARF)

2012 SEP 26 AM 11:17

First: Name of Corporation Avis Home Healthcare Inc.
 (Name must include the following word or abbreviation: company, corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio
 City Wooster State Ohio
 County Wayne

Effective Date (Optional) 0 Filing
 mm/dd/yyyy (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

Third: The number of shares which the corporation is authorized to have outstanding.
 (Please state if shares are common or preferred and their par value, if any.)

<u>1000</u>	<u>common</u>	<u>N/A</u>
Number of Shares	Type	Par Value

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital

N/A
 Amount

****Note:** ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form.**

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Axis Home Healthcare, Inc 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 corporation may be served. The complete address of the agent is

Ralph J Meyers, III
Name

3939 Nottingham Avenue
Mailing Address

(Springtown) Ohio 44511
City State Zip Code

Must be signed by the
Incorporators or a
majority of the
Incorporators

[Signature]
Signature

* Ralph J Meyers, III
Signature

* [Signature]
Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, Ralph J. Meyers, III, named herein as the
Statutory Agent Name

Statutory agent for Axis Home Healthcare, Inc
Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature [Signature]
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 the agent is an Ohio resident.

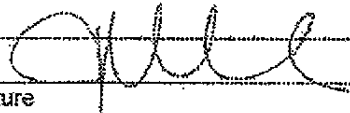
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by the incorporator(s).

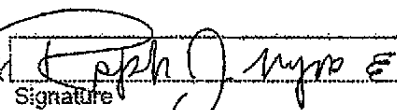
If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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


Signature

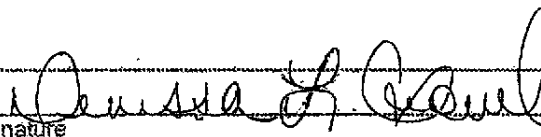
Jesse Dickinson
By

Jesse Dickinson
Print Name


Signature

Ralph J. Meyers III
By

Ralph J. Meyers III
Print Name


Signature

Denissah Crowl
By

Denissah L. Crowl
Print Name