



DATE: 01/18/2013	DOCUMENT ID 201301721459	DESCRIPTION DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	FILING 125.00	EXPED .00	PENALTY	CERT .00	COPY .00
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Receipt

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PO BOX 29096
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STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2166430**

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

HOME IS WHERE THE HEART IS HOME CARE, LLC

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

Document(s):

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Document No(s):

201301721459

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 17th day of January, A.D.
2013.

Ohio Secretary of State

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2002/004



Ohio Secretary of State
JON HUSTED
 Ohio Secretary of State

Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.gov

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 **Home Is Where The Heart Is Home 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)

Period of Existence

Purpose
 (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. Those agencies may require that a purpose clause be provided.

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0003/004

ORIGINAL APPOINTMENT OF AGENT

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

Home Is Where The Heart Is Home 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

Roger A Isla

Name of Agent

3618 West Street

Mailing Address

Weirton

City

Ohio

State

26062

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Home Is Where The Heart Is Home Care, LLC

Name of Limited Liability Company

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

Roger A Isla

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.

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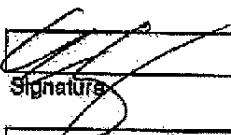
has the requisite authority to execute this document.

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

Eileen Gallo, Assistant Secretary

By (if applicable)

LegalZoom.com, Inc.

Print Name

Signature
By (if applicable)
Print Name
Signature
By (if applicable)
Print Name