



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/27/2013	201323801237	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00		.00	.00

Receipt

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

HEMMER DEFRANK ATTORNEYS AT LAW
ATTN MICHAEL E. DEFRANK
250 GRANDVIEW DRIVE, SUITE 500
FT. MITCHELL, KY 41017-5646

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2224863**

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

CANTON INTEGRATED VASCULAR 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):

201323801237**Effective Date: 08/23/2013**

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 27th day of August, A.D.
2013.

Ohio Secretary of State

08/16/2013 10:10

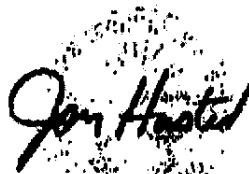
08/16/2013 08:26

(FAX)

P.003/005

(FAX)

P.003/005



Form 533A Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 468-3810
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 \$105.00).
P.O. Box 1560
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
(116-LCA)

Name of Limited Liability Company **Canton Integrated Vascular 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
(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 duration.
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. These agencies may require that a purpose clause be provided.

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08/16/2013 10:10

(FAX)

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08/16/2013 08:28

(FAX)

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ORIGINAL APPOINTMENT OF AGENT

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

Canton Integrated Vascular 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

Jeffrey T. Prem

Name of Agent

1446 Harrison Ave., Suite 103

Mailing Address

Canton

City

Ohio

State

44708

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Jeffrey T. Prem

Statutory Agent Name

named herein as the statutory agent

for Canton Integrated Vascular Services, LLC

Name of Limited Liability Company

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

* Statutory Agent 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 that the agent is an Ohio resident.

08/16/2013 10:11

(FAX)

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08/16/2013 08:26

(FAX)

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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)

Jeffrey T. Prem

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name