



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/24/2013	201329700281	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

KAMSIN MEDICAL PROFESSIONALS, INC
5100 THOMAS DR.
WAYNESVILLE, OH 45068-8023

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2239924

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

KAMSIN MEDICAL PROFESSIONALS, INC

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
201329700281

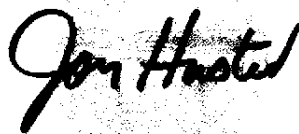
Effective Date: 10/21/2013



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 24th day of October, A.D. 2013.

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)

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

Second: Location of Principal office in Ohio

City State

County

Effective Date (Optional) (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)
 mm/dd/yyyy

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.)

100	common	1.00
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

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.**

2013 OCT 21 PM 2:19

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Kamsin Medical Professionals, 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

Karen L Lewis

Name

5100 Thomas Dr

Mailing Address

Waynesville

City

Ohio

State

45068

Zip Code

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

Signature _____

Signature _____

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Karen L Lewis

Statutory Agent Name

, named herein as the

Statutory agent for

Kamsin Medical Professionals

Corporation Name

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

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 the agent is an Ohio resident.

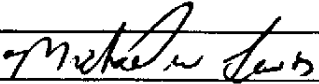
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

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

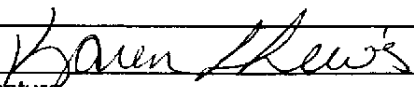
If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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

By

Michael W Lewis
Print Name


Signature

By

Karen L Lewis
Print Name

Signature

By

Print Name