



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/25/2016	201602501572	DOMESTIC NONPROFIT CORP - ARTICLES (ARN)	99.00	0.00	0.00	0.00	0.00

Receipt

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

FAMILY CARE EXCELLENCE, INC.
DONNA LYTLE
43884 HAMMOND SCHOOL RD
WELLSVILLE, OH 43968

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
3854047

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

FAMILY CARE EXCELLENCE, INC.

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

Document(s)

DOMESTIC NONPROFIT CORP - ARTICLES

Effective Date: 01/22/2016

Document No(s):

201602501572



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
25th day of January, A.D. 2016.

Ohio Secretary of State



Form 532B Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 468-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 676
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

2016 JAN 22 PM 2:22

Initial Articles of Incorporation (Nonprofit, Domestic Corporation)

Filing Fee: \$99

(114-ARN)

Form Must Be Typed

First: Name of Corporation

Second: Location of Principal office
in Ohio

City

State

County

Effective Date
(Optional)

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: Purpose for which corporation is formed

To help at-risk individuals and their families struggling with addiction as well as those incarcerated. This will take place by providing faith-based training to help people make better choices in order to learn how to overcome addictions and create a healthy community.

****Note for Nonprofit Corporations:** 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 corporation secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

****Note:** ORC Chapter 1702 allows for 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 Family Care Excellence

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

Donna Lytle

Name

43884 Hammond School Rd

Mailing Address

Wellsville

City

OH

State

43968

Zip Code

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

Donald M. Lytle
Signature[Signature]
SignatureSharon M. Ours
Signature**ACCEPTANCE OF APPOINTMENT**

The Undersigned,

Donna Lytle

Statutory Agent Name

, named herein as the

Statutory agent for

Family Care Excellence, Inc.

Corporation Name

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

Statutory Agent Signature

Donna Lytle
Individual Agent's Signature / Signature on behalf of Business Serving as Agent

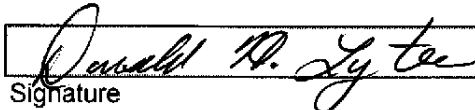
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

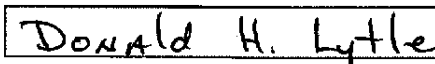
Articles and original appointment of agent must be signed by the incorporator(s).

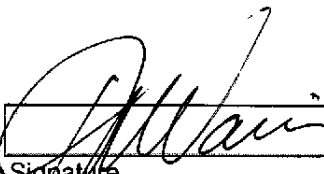
If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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 entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

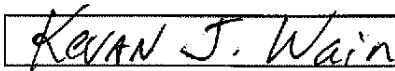

Signature

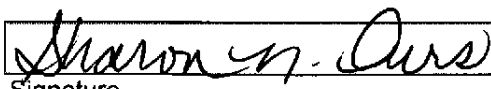
By


Print Name

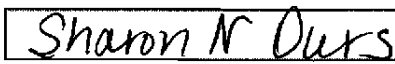

Signature

By


Print Name


Signature

By


Print Name