



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/30/2018	201807903328	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

Receipt

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

INCFILE.COM LLC
134 VINTAGE PARK BLVD A-50
HOUSTON, TX 77070

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4155825

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

MANIFEST-STAFF MEDICAL LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 03/20/2018

Document No(s):

201807903328



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
30th day of March, A.D. 2018.

Ohio Secretary of State

Form 533A Prescribed by:

JON HUSTED
Ohio Secretary of State



Date Electronically Filed: 3/20/2018
Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

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 **MANIFEST-STAFF MEDICAL LLC**

(Name must include one of the following words or abbreviations:
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY) **3/20/2018**

(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.)

Optional: This limited liability company shall exist for **PERPETUAL**
Period of Existence

Optional: Purpose

STAFFING SERVICE, PROVIDING TEMPORARY STAFF - NAS, LPNS, RNS, AND MUCH MORE - TO MEDICAL BUSINESSES.

** 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. **

Original Appointment of Statutory Agent

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

MANIFEST-STAFF MEDICAL 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 corporation may be served. The complete address of the agent is:

LEGALINC CORPORATE SERVICES INC.

(Name of Statutory Agent)

1991 CROCKER ROAD SUITE 600A

(Mailing Address)

WESTLAKE

(Mailing City)

OH

(Mailing State)

44145

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, LEGALINC CORPORATE SERVICES INC., named herein as the
(Name of Statutory Agent)

Statutory agent for MANIFEST-STAFF MEDICAL LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature KYLE LAVENDER

(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 a member, manager or other representative.

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

If the authorized representative 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 (if applicable)

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