DOC ID ----> 201810901164

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| 04/26/2018 | 201810901164 | 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.

TIMOTHY M. JAYES
2235 US HGWY 224 EAST
GREENWICH, OH 44837

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted
**4169830**

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

**DEFINITIVE WELLNESS LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG** | **201810901164** |
| **Effective Date: 04/20/2018** | |

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 26th day of April, A.D. 2018.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201810901164

Form 533A Prescribed by:

JON HUSTED
Ohio Secretary of State

Date Electronically Filed: 4/19/2018

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: DEFINITIVE WELLNESS 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): 4/20/2018

(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: NEW

Period of Existence

**Optional:** Purpose

PROVIDING CONSULTATION SERVICES TO CHIROPRACTORS AND PHYSICIANS WITH WELLNESS SERVICES

** **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

DEFINITIVE WELLNESS 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:

TIMOTHY JAYES

(Name of Statutory Agent)

2235 US HWY 224 EAST

(Mailing Address)

GREENWICH

(Mailing City)

OH

(Mailing State)

44837

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, TIMOTHY JAYES , named herein as the

(Name of Statutory Agent)

Statutory agent for DEFINITIVE WELLNESS LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature TIMOTHY JAYES

(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.

ANGELA SCHERTZ
Signature

By (if applicable)

Print Name

TIM WARREN
Signature

By (if applicable)

Print Name

AJ SYAM
Signature

By (if applicable)

Print Name