DOC ID ----> 201920001032

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/19/2019	201920001032	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.

CONNECTCARE SERVICES, LLC
ATTN: DR. ANKU E. GOLLOH
2898 POOLSIDE DRIVE
COLUMBUS, OH 43224

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
4359831

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

CONNECTCARE SERVICES, LLC

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG **Effective Date: 09/01/2019**	**201920001032**

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 19th day of July, A.D. 2019.

Ohio Secretary of State

DOC ID ----> 201920001032

Form 533A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

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

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

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: ConnectCare Services, 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) 09/01/2019 (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.)

RECEIVED
SECRETARY OF STATE
2019 JUL 10 PM 12:23
CLIENT SERVICE CENTER

Optional: This limited liability company shall exist for 50 years
Period of Existence

Optional: Purpose

A Healthcare Agency that provides services for the Mentally Retarded Developmentally Disabled (MRDD) persons living in various locations in Ohio.

** **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

ConnectCare 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 corporation may be served. The complete address of the agent is:

Dr. Anku E. Golloh

(Name of Statutory Agent)

2898 Poolside Drive,

(Mailing Address)

Columbus | OH | 43224

(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Dr. Anku E. Golloh, named herein as the

(Name of Statutory Agent)

Statutory agent for ConnectCare Services, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature [signature]

(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)

Dr. Anku E. Golloh

Print Name

Signature

HelenGolloh

By (if applicable)

Helen K. Golloh

Print Name

Signature

By (if applicable)

Print Name