



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/12/2019	201922401370	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.

MARTEL THOMPSON
5420 CAMERON ELLIS DRIVE
WESTERVILLE, OH 43081

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4367405

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
IN GOOD HANDS CATERING AND PRIVATE DINING LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 08/09/2019

Document No(s):

201922401370



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
12th day of August, A.D. 2019.

Ohio Secretary of State

Form 533A Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.govbusiness@OhioSoS.govFile online or for more information: OhioBusinessCentral.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

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

In Good Hands Catering and Private Dining 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)

08/09/2019

(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.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

RECEIVED
SECRETARY OF STATE
2019 AUG -9 PM 12:55
CLIENT SERVICE CENTER

**** 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

In Good Hands Catering and Private Dining 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:

Martel Thompson

(Name of Statutory Agent)

5420 Cameron Ellis Dr. #206

(Mailing Address)

Westerville

(Mailing City)

OH

(Mailing State)

43081

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

Martel Thompson

(Name of Statutory Agent)

, named herein as the

Statutory agent for

In Good Hands Catering and Private Dining LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

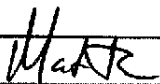
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

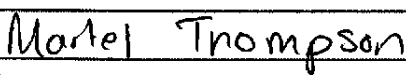
Articles and original appointment of agent must be signed by a member, manager or other representative.

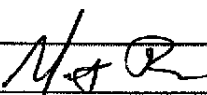
If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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.

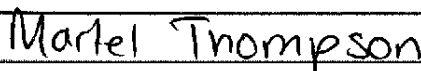

Signature

By (if applicable)


Print Name


Signature

By (if applicable)


Print Name

Signature

By (if applicable)

Print Name