



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/27/2020	202014800922	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.

EVER WELL COMMUNITY HEALTH LLC
200 6TH STREET NW
CANTON, OH 44702

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4478941

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

EVER WELL COMMUNITY HEALTH LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 05/27/2020

Document No(s):

202014800922



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
27th day of May, A.D. 2020.

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 43216Expedite 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

RECEIVED

Filing Fee: \$99
Form Must Be Typed

MAY 27 2020

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)

SECRETARY OF STATE

Name of Limited Liability Company **Ever Well Community Health 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)

(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

Health Services and any other legal business activity.

**** 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

Ever Well Community Health 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:

Erica Spencer

(Name of Statutory Agent)

200 6th St, NW

(Mailing Address)

Canton

(Mailing City)

OH

(Mailing State)

44702

(Mailing ZIP Code)

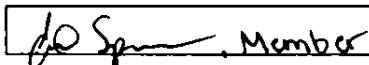
Acceptance of Appointment

The Undersigned, Erica Spencer, Member, named herein as the
(Name of Statutory Agent)

Statutory agent for Ever Well Community Health LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature

 Erica Spencer, Member

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

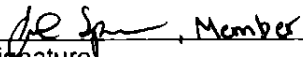
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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)

Erica Spencer, Member

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name