



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/23/2023	202314205118	OHIO LLC - ARTICLES OF ORGANIZATION (LCP)	99.00	0.00	0.00	0.00

Receipt

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

SARAH ROSS OFFICE CLEANING
71 SMITHSONIAN ST
GIRARD, OH 44420

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5054591

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SARAH ROSS OFFICE CLEANING, LLC

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

Document(s)

OHIO LLC - ARTICLES OF ORGANIZATION

Effective Date: 06/01/2023

Document No(s):

202314205118



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
23rd day of May, A.D. 2023.

Ohio Secretary of State

Original Appointment of Statutory Agent

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

SARAH ROSS OFFICE CLEANING, 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 limited liability company may be served. The complete address of the agent is:

PERRY MICHAEL PLACER OF TEAM 1040 TAX SERVICE

(Name of Statutory Agent)

1920 CHURCHILL RD STE 103

(Mailing Address)

GIRARD

(Mailing City)

OH

(Mailing State)

44420

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, PERRY MICHAEL PLACER OF TEAM 1040 TAX SERVICE, named herein as the
(Name of Statutory Agent)

Statutory agent for SARAH ROSS OFFICE CLEANING, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature PERRY MICHAEL PLACER

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

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

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 of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

SARAH ROSS OFFICE CLEANING, LLC

To the Attention of *(if necessary)*:

Address: 71 SMITHSONIAN ST

City: GIRARD

State: Ohio

ZIP Code: 44420

Phone Number: 3308808254

E-mail Address: SARAH.ROSS2008@GMAIL.COM

☒ Check here if you would like to receive important notices via email from the Ohio Secretary of State's office regarding Business Services.

☒ Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via email when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

☒ **Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.

☐ **Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.

☐ **Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

☐ **Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**

☐ **Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

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 **SARAH ROSS OFFICE CLEANING, 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)

06/01/2023

(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

INDEFINITELY

Period of Existence

Optional:

Purpose

**** 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

SARAH ROSS OFFICE CLEANING, 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:

PERRY MICHAEL PLACER OF TEAM 1040 TAX SERVICE

(Name of Statutory Agent)

1920 CHURCHILL RD

(Mailing Address)

GIRARD

(Mailing City)

OH

(Mailing State)

44420

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, PERRY MICHAEL PLACER OF TEAM 1040 TAX SERVICE, named herein as the
(Name of Statutory Agent)

Statutory agent for SARAH ROSS OFFICE CLEANING, 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