



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/28/2023	202327004140	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	99.00	100.00	0.00	0.00

Receipt

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

ALAN BEE
8250 KENWOOD CROSSING WAY
STE 201
CINCINNATI, KY 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5118068

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ND HEALTH ASSOCIATES INC.

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

Document(s)

DOMESTIC FOR PROFIT CORP - ARTICLES

Effective Date: 09/27/2023

Document No(s):

202327004140



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
28th day of September, A.D. 2023.

Ohio Secretary of State

Form 532A Prescribed by:

Date Electronically Filed: 9/27/2023



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

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

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: \$99
(113 - ARF)
Form Must Be Typed

First:	Name of Corporation	ND Health Associates Inc.	
		(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)	
Second:	Location of Principal Office in Ohio		
		BLUE ASH City	OHIO State
		HAMILTON County	
Optional:	Effective Date (MM/DD/YYYY)	9/27/2023	(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.)
Third:	The number of shares which the corporation is authorized to have outstanding. (Please state if shares are common or preferred and their par value, if any.)		
	100 Number of Shares	COMMON Type of Shares	0 Par Value of Shares
Fourth:	If the corporation is to have an initial stated capital, please state the amount of that stated capital.		
	0 Amount		
Optional:	Purpose: office of physicians for the delivery of direct primary care		

** Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **

Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

ND Health Associates Inc.

(Name of Corporation)

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:

ALAN BEE

(Name of Statutory Agent)

4243 HUNT RD STE 301

(Mailing Address)

BLUE ASH

(Mailing City)

OH

(Mailing State)

45242

(Mailing ZIP Code)

Must be signed by
the incorporators or
a majority of the
incorporators.

ND HEALTH ASSOCIATES

(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned,

ALAN BEE

(Name of Statutory Agent)

, named herein as the

Statutory agent for

ND Health Associates Inc.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

ALAN BEE

(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 the incorporator(s).

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

If the incorporator 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