



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/08/2025	202500604718	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.

CROWNED BOOKKEEPING SERVICES
4623 LAKESIDE DRIVE
UNIT 3112
MAUMEE, OH 43537

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5337457

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CROWNED BOOKKEEPING SERVICES, LLC

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

Document(s)

OHIO LLC - ARTICLES OF ORGANIZATION

Effective Date: 01/06/2025

Document No(s):

202500604718



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
8th day of January, A.D. 2025.

Ohio Secretary of State

Form 610 Prescribed by:

Date Electronically Filed: 1/6/2025



Telephone: 877.767.3453

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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99**Form Must Be Typed****115-LCA**Name of Limited Liability Company

(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)

Effective Time

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional:

Purpose

Manage companies' financial records and ensure the accuracy of various financial transactions. Record financial transactions, manage financial accounts, reconcile, process payroll, prepare financial reports, assist in budgeting, support tax preparation, and ensure business complies with financial regulations and standards.

Original Appointment of Statutory Agent

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

CROWNED BOOKKEEPING 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 limited liability company may be served. The complete address of the agent is:

STEPHANIE R. NELSON

(Name of Statutory Agent)

4623 LAKESIDE DR UNIT 3112

(Mailing Address)

MAUMEE

(Mailing City)

OH

(Mailing State)

43537

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, STEPHANIE R. NELSON, named herein as the
(Name of Statutory Agent)

Statutory agent for CROWNED BOOKKEEPING SERVICES, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature STEPHANIE R. NELSON

(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."

STEPHANIE R. NELSON

Signature

By (if applicable)

Print Name

STEPHANIE R. NELSON

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov**Consent for Use of Similar Name****(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)****Form Must Be Typed**Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name

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

Consent form must be signed by an authorized representative of the consenting entity.

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

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature
By (if applicable)
Print Name

**ARTICLES OF INCORPORATION
OF
CROWNED BOOKKEEPING SERVICES, LLC**

(Under General Corporation Law of Ohio)

FIRST: The name of the corporation is Crowned Bookkeeping Services, LLC.

SECOND: The principal place of business of the corporation is 4623 Lakeside drive, UNIT 3112, City of Maumee, County of Lucas, Ohio 43537.

THIRD: If the corporation is to have an initial stated capital, the amount of that stated capital is \$500.00.

FOURTH: The purpose for which the corporation is organized is Manage companies' financial records and ensure the accuracy of various financial transactions. Record financial transactions, manage financial accounts, reconcile, process payroll, prepare financial reports, assist in budgeting, support tax preparation, and ensure business complies with financial regulations and standards..

FIFTH: The corporation is authorized to issue a total number of 0 shares of common stock with a par value of \$0.00 per share.

SIXTH: The name and address of the director(s) is:

Stephanie R. Nelson 4623 Lakeside Drive, Unit 3112, Maumee, Ohio
43537

SEVENTH: The name and street address of the incorporator is Stephanie R. Nelson, 4623 Lakeside drive, UNIT 3112, Maumee, Ohio, 43537.

EIGHTH: The period of duration of the Corporation is perpetual.

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.

Stephanie Nelson
Signature of Incorporator

1.03.2024
Date

Stephanie R. Nelson
Print Name of Incorporator

Incorporator
Capacity/Title

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Crowned Bookkeeping Services, LLC 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:

Name: Stephanie R. Nelson

Address: 4623 Lakeside drive, UNIT 3112

City, State, Zip Code: Maumee, Ohio, 43537

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

Stephanie Nelson

Signature of Incorporator

Signature of Incorporator

Signature of Incorporator

ACCEPTANCE OF APPOINTMENT

The Undersigned, Stephanie R. Nelson, named herein as the statutory agent for Crowned Bookkeeping Services, LLC hereby acknowledges and accepts the Appointment of Statutory Agent for said corporation.

Stephanie Nelson

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

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