



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/13/2025	202522404974	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

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

KINDRED SPIRITS ADULT DAY HAB CENTER LLC.
5333 NORTHFIELD ROAD
SUITE 250B
BEDFORD HTS, OH 44146

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5456628

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
KINDRED SPIRIT SUPPORT SERVICES LLC

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

Document(s)

TRADE NAME REGISTRATION

Effective Date: 08/12/2025

Document No(s):

202522404974



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
13th day of August, A.D. 2025.

Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 8/12/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

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

Name Registration

Filing Fee: \$39**Form Must Be Typed****CHECK ONLY ONE (1) Box**Trade Name
(167-RNO)

Date of first use:

8/11/2025

MM/DD/YYYY

Fictitious Name
(169-NFO)

Kindred Spirit Support Services LLC

Name being Registered or Reported

KINDRED SPIRITS ADULT DAY HAB CENTER, LLC

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 4719221

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Provider of homemaker/personal care, adult day habilitation, non-medical transportation, and supportive services including housing and benefits assistance for individuals with developmental disabilities.

Business address:

5333 NORTHFIELD ROAD SUITE 250-B

Mailing Address

BEDFORD HTS

City

OH

State

44146

ZIP Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

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

Application must be signed by the registrant or an authorized representative.

KINDRED SPIRITS ADULT DAY HAB CENTER LLC

Signature

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

FELICIA HUDSON, MANAGING MEMBER

By (if applicable)

Print Name

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.