



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/03/2014	201424501336	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	0.00	0.00	0.00	0.00

Receipt

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

MONTGOMERY MEDICAL HOLDING LLC
1819 TROY ST
DAYTON, OH 45404

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2323187

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

MONTGOMERY MEDICAL HOLDING LLC

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

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.
Effective Date: 09/01/2014

Document No(s):

201424501336



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
3rd day of September, A.D. 2014.

Ohio Secretary of State

United States of America
State of Ohio
Office of the Secretary of State



Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.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

**Articles of Organization for a Domestic
Limited Liability Company**

Filing Fee: \$125

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

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date (The legal existence of the limited liability company begins upon the filing
(Optional) of the articles or on a later date specified that is not more than ninety days
mm/dd/yyyy after filing)

This limited liability company shall exist for Period of Existence
(Optional)

Purpose
(Optional)

****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 AGENT

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

Montgomery Medical Holding 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 name and address of the agent is

Sevin Baguirov

Name of Agent

1819 Troy St

Mailing Address

Dayton

OH

45404

City

State

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Sevin Baguirov named herein as the statutory agent

Statutory Agent Name

for Montgomery Medical Holding LLC

Name of Limited Liability Company

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

Statutory Agent Signature



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

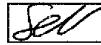
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

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

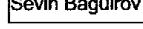
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



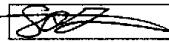
Signature

Authorized representative

By (if applicable)



Print Name



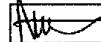
Signature

Authorized representative

By (if applicable)



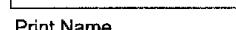
Print Name



Signature

Authorized representative

By (if applicable)



Print Name