



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**



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  
3rd day of September, A.D. 2014.

*Jon Husted*

Ohio Secretary of State

*Jon Husted*

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

2014 AUG 29 AM 11:58

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   
(Optional) mm/dd/yyyy

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

This limited liability company shall exist for  
(Optional)

Period of Existence

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

City

OH

State

45404

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

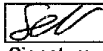
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**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.

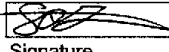
  
Signature

Authorized representative

By (if applicable)

Sevin Baguirov

Print Name

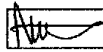
  
Signature

Authorized representative

By (if applicable)

Sariya Khalilova

Print Name

  
Signature

Authorized representative

By (if applicable)

Nurlana Shakhmandarova

Print Name