



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/08/2005	200534201618	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

**Receipt**

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

A CHILD'S WAITING LLC  
3490 RIDGEWOOD RD  
AKRON, OH 44333

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1585839

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

**TURNING CORNERS COUNSELING & SUPPORT SERVICES, L.L.C.**

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

Document(s)

**ARTICLES OF ORGANIZATION/DOM. LLC**

Document No(s):

**200534201618**



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 5th day of December,  
A.D. 2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
e-mail: busserv@sos.state.oh.us

<b>Expedite this Form:</b> (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF  
LIMITED LIABILITY COMPANY**  
(Domestic or Foreign)  
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX)**

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	<input type="checkbox"/> (2) Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
(Date of Formation)	(State)

Complete the general information in this section for the box checked above.

Name Turning Corners Counseling & Support Services, L.L.C.

Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

This limited liability company shall exist for \_\_\_\_\_ (Optional) (Period of existence)

Purpose (Optional) To perform any act allowable by the laws of the State of Ohio including, but not limited to, provision of mental health counseling services.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional) Jennifer Marando  
(Name)  
3490 Ridgewood Rd.  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**  
Akron Ohio 44333  
(City) (State) (Zip Code)

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Turning Corners Counseling & Support Services, L.L.C.

(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:

Jennifer Marando

(Name of Agent)

3490 Ridgewood Rd.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Akron

(City)

Ohio

(State)

44333

(Zip Code)

Must be authenticated by an authorized representative

Cusy Kolank

Authorized Representative

11/15/2005

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Turning Corners Counseling & Support Services, L.L.C.

(name of limited liability company)

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

Jennifer Marando (Agent's signature)

TURN OVER PAGE (3) AND SUBMIT COMPLETED DOCUMENT

**Complete the information in this section if box (2) is checked.**

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

\_\_\_\_\_

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
 (City) \_\_\_\_\_ **Ohio** \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

\_\_\_\_\_  
 Crissy Kolarik \_\_\_\_\_ 11/15/2005  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative \_\_\_\_\_ Date

\_\_\_\_\_  
 (Print Name)  
 \_\_\_\_\_