



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/08/2022	202209801844	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	99.00	0.00	0.00	0.00

**Receipt**

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

THE NATIONAL NEIGHBORHOOD INITIATIVE  
1457 CENTRAL PARKWAY AVE SE  
WARREN , OH 44484

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
4849800**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**NEIGHBORHOOD MEDICAL INCORPORATED**  
and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC FOR PROFIT CORP - ARTICLES**

Effective Date: 04/08/2022

Document No(s):

**202209801844**



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 April, A.D. 2022.

**Ohio Secretary of State**

Form 532A Prescribed by:

Date Electronically Filed: 4/8/2022



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: \$99
(113 - ARF)
Form Must Be Typed

First: Name of Corporation Neighborhood Medical Incorporated

(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal Office in Ohio
WARREN City OHIO State

TRUMBULL County

Optional: Effective Date (MM/DD/YYYY) 4/8/2022 (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Third: The number of shares which the corporation is authorized to have outstanding. (Please state if shares are common or preferred and their par value, if any.)
100 Number of Shares COMMON Type of Shares 0 Par Value of Shares

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital.
0 Amount

Optional: Purpose:

\*\* Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. \*\*

### Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Neighborhood Medical Incorporated

(Name of Corporation)

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:

DANDRE BOWERS

(Name of Statutory Agent)

1457 CENTRAL PARKWAY AVE SE

(Mailing Address)

WARREN

(Mailing City)

OH

(Mailing State)

44484

(Mailing ZIP Code)

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

THE NATIONAL NEIGHBORHOOD INITIATIVE

(Signature)

[Signature Line]

(Signature)

[Signature Line]

(Signature)

### Acceptance of Appointment

The Undersigned,

DANDRE BOWERS

(Name of Statutory Agent)

, named herein as the

Statutory agent for

Neighborhood Medical Incorporated

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

DANDRE BOWERS

(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 the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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

THE NATIONAL NEIGHBORHOOD INITIATIVE

Signature

D'ANDRE BOWERS, CHAIRMAN

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name