

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: Inspired Faith Non-Medical Home Care, LLC
ENTITY ID: 23048617
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 01/01/2020
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Lakiesha Kidd
PHYSICAL ADDRESS: 137 E. Elliot Rd, Box 3638, GILBERT, AZ 85234
MAILING ADDRESS: P.O. Box 3638, GILBERT, AZ 85299

KNOWN PLACE OF BUSINESS

Att: Inspired Faith Non-Medical Home Care, LLC, P.O. Box 3638, GILBERT, AZ 85299

PRINCIPALS

Member: Lakiesha Kidd - P.O. Box 3638, GILBERT, AZ, 85299, USA - - Date of Taking Office:

ORGANIZERS

Lakiesha Kidd

SIGNATURES

Authorized Agent: Lakiesha Kidd - 12/31/2019

STATUTORY AGENT ACCEPTANCE

Please read [Instructions M002i](#)

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):
Inspired Faith Non-Medical Home Care, LLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Lakiesha Kidd

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Lakiesha Kidd

Signature

Lakiesha Kidd

Printed Name

12/31/19

Date

REQUIRED – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.