

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

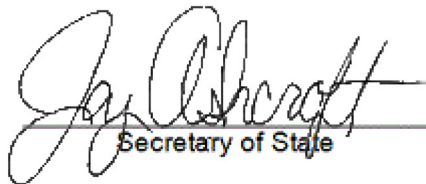
WHEREAS,

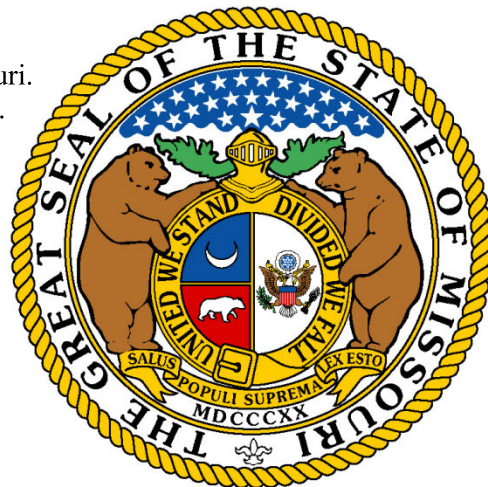
*gokc Healing Center LLC*  
*LC001688109*

filed its Articles of Organization with this office on the 31st day of January, 2020, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 31st day of January, 2020, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 31st day of January, 2020.

  
Secretary of State





**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**LC001688109**  
**Date Filed: 1/31/2020**  
**John R. Ashcroft**  
**Missouri Secretary of State**

## Articles of Organization

*(Submit with filing fee of \$105.00)*

1. The name of the limited liability company is  
gokc Healing Center LLC

*(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")*

2. The purpose(s) for which the limited liability company is organized:

We provide mental health counseling, therapy & support in a private practice setting. We also provide professional consultation & clinical supervision for provisionally licensed professional counselors.

3. The name and address of the limited liability company's registered agent in Missouri is:

<u>Registered Agents Inc.</u>	<u>117 South Lexington Street Suite 100</u>	<u>Harrisonville MO 64701</u>
<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>

4. The management of the limited liability company is vested in:     managers     members    *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

*(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)*

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address):*

*(Organizer(s) are not required to be member(s), manager(s) or owner(s))*

<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
<u>Shore, Aaron K</u>	<u>4050 Pennsylvania Avenue STE 115 PMB 2272</u>	<u>Kansas City MO 64111</u>

7.  Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

The limited liability company gives notice that the series has limited liability.

New Series:

The limited liability company gives notice that the series has limited liability.

New Series:

The limited liability company gives notice that the series has limited liability.

*(Each separate series must also file an Attachment Form LLC 1A.)*

Name and address to return filed document:
Name: <u>Arturo Flores</u>
Address: <u>Email: fulfillment@zenbusiness.com</u>
City, State, and Zip Code: _____

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_

*(Date may not be more than 90 days after the filing date in this office)*

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**All organizers must sign:**

Aaron K Shore  
*Organizer Signature*

AARON K SHORE  
*Printed Name*

01/31/2020  
*Date of Signature*

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