


**PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:  
 Mohamed Baba Fofanah  
 Name  
 449 Willow Street, Apt J  
 Address  
 Allentown PA 18102  
 City State Zip Code  
 Return document by email to: \_\_\_\_\_

Certificate of Organization Domestic  
 Limited Liability Company  
 DSCB:15-8821(rev. 2/2017)



8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125.00  I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
 Supreme Nursing Care and Supported Living LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:  
 (post office box alone is not acceptable)

449 Willow Street apt J	Allentown	PA	18102	Lehigh
Number and Street	City	State	Zip	County

(b) name of its commercial registered office provider and the county of venue is:

c/o:  
 Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

3. The name of each organizer is (all organizers must sign on page 2):

Name	Address
Mohamed Baba Fofanah	449 Willow Street apt J , Allentown , Lehigh , PA , United States , 18102

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

- The Certification of organization shall be effective upon filing in the Dept of State.  
 The Certification of organization shall be effective \_\_\_\_\_ at \_\_\_\_\_  
 on: Date(MM/DD/YYYY) Hour (if any)