

Please return the approval certificate to:

Jon Husted Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910 www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

| Name: | |
|---------------------------------------|--|
| | (Individual or Business Name) |
| To the attention of: | |
| | (If necessary) |
| Address: | |
| City: | |
| State: | ZIP Code: |
| Phone Number: | E-mail Address: |
| Check here if you office regarding Bu | would like to receive important notices via e-mail from the Ohio Secretary of State's usiness Services. |
| being created or u | would like to be signed up for our Filing Notification System for the business entity pdated by filing this form. This is a free service provided to notify you via e-mail when led on your business record. |
| | oney orders payable to: "Ohio Secretary of State" Requested: (PLEASE CHECK ONE BOX BELOW) |
| | nly the filing fee listed on page one of the form is required and the filing will be mately 3-7 business days. The processing time may vary based on the volume of ir office. |
| | By including an Expedite fee of \$100.00, in addition to the regular filing fee on page filing will be processed within 2 business days after it is received by our office. |
| one of the form, the | By including an Expedite fee of \$200.00, in addition to the regular filing fee on page filing will be processed within 1 business day after it is received by our office. This service alk-in customers who hand deliver the document to the Client Service Center. |
| one of the form, the | By including an Expedite fee of \$300.00, in addition to the regular filing fee on page filing will be processed within 4 hours after it is received by our office, if received by 1:00 and available to walk in customers who hand deliver the document to the Client Service Center |

Preclearance Filing: For the purpose of advising as to the acceptability of the proposed filing, a form that is to be submitted at a later date for processing may be submitted for examination for a fee of \$50.00. The

Preclearance will be complete within 1-2 business days.

Last Revised: 5/14/2014



Form 533A Prescribed by:

Jon Husted Ohio Secretary of State

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www.OhioSecretaryofState.gov busserv@OhioSecretaryofState.gov

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Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

| CHECK ONLY ONE (1) B | OX |
|----------------------|----|
|----------------------|----|

| | . (1) BOX | |
|-----------------------------------|---|--|
| | Organization for Domestic mited Liability Company | (2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) |
| | | |
| Name of Limited Lia | ibility Company | |
| Nam | e must include one of the following words or a | abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd., "or "ltd" |
| Effective Date (Optional) | | ence of the limited liability company begins upon the filing on a later date specified that is not more than ninety days |
| This limited liability (Optional) | company shall exist for Period of E | xistence |
| Purpose (Optional) | | |
| | | |
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| exemptions. Contac | ate does not grant tax exempt status. It the Ohio Department of Taxation a | Filing with our office is not sufficient to obtain state or federal tax nd the Internal Revenue Service to ensure that the nonprofit leral tax exemptions. These agencies may require that a purpose |

| The undersi | jned a | uthorized | d memb | er(s), r | manage | er(s) or re | eprese | entative | e(s) (| of | | | | | |
|--|--------|------------|---------|----------|----------|-------------|-----------|----------|--------|--------|-------|------|--------|-------|----------|
| | | | | Name | e of Lim | nited Liab | oility Co | ompar | าy | | | | | | |
| hereby appo or permitted address of th | by sta | tute to be | | | | | | | | | | | | | |
| Name of Agent | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | |
| City | | | | | | | | | | State | | | ZIP Co | ode | |
| | | | AC | CEP | TAN | CE OF | F AP | POII | NTN | /IENT | - | | | | |
| e undersigned, | | | Stat | tutory A | Agent N | Name | | | | nam | ed he | rein | as the | statu | tory age |
| for | | ı | | | | ility Com | pany | | | | | | | | |
| ereby acknowledge | es and | accepts | the app | ointme | ent of a | gent for | said lin | nited I | iabili | y comp | any | | | | |
| | _4 [| | | | | | | | | | | | | | |
| atutory Agent Sign | ature | | | | | | | | | | | | | | |

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 a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

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

| Signature |
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| By (if applicable) |
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| Print Name |
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| Circulations |
| Signature |
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| By (if applicable) |
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| Print Name |
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| Signature |
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| By (if applicable) |
| |
| Print Name |

Instructions for Articles of Organization for a Domestic Limited Liability Company

This form should be used if you wish to file articles of organization for a for-profit or nonprofit limited liability company.

If you wish to organize a for-profit limited liability company, please select box 1. If you wish to organize a nonprofit limited liability company, please select box 2. Please complete the entire form (as required) whether you have selected box 1 or box 2.

Name of Limited Liability Company

The name of the limited liability company must be provided. Pursuant to Ohio Revised Code §1705.05, the name must include one of the following: "limited liability company," "limited," "LLC," "LLC.," "Itd." or "Itd".

Effective Date

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1705.04(A), the legal existence of a limited liability company begins upon filing the articles of organization with our office or on a later date specified in the articles. The effective date cannot (1) precede the date of filing with our office or (2) be more than ninety (90) days after the date of filing. If an effective date is given that precedes the date of filing, the effective date of the limited liability company will be the date of filing. If an effective date is given that exceeds the date of filing by more than ninety (90) days, our office will return the filing to you and request that a proper effective date be provided.

Period of Existence

A period of existence may be provided but is not required. Pursuant to Ohio Revised Code §1705.04(B), if a period of existence is not provided the limited liability company's period of existence is perpetual.

Purpose Clause

A purpose clause may be provided but is not required. As stated in Ohio Revised Code §1705.02, a limited liability company may generally "be formed for any purpose or purposes for which individuals lawfully may associate themselves."

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1705.06, an Ohio limited liability company must appoint and maintain a statutory agent to accept service of process on behalf of the company. We cannot accept articles of organization unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

Form 533A Last Revised: 9/24/2015

Signature(s)

After completing all information on the filing form, please make sure that page 3 is signed by at least one member, manager or other authorized representative of the limited liability company.

**Note: Our office cannot file or record a document which contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.

Form 533A Last Revised: 9/24/2015