

Ohio Secretary of State Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

Please return the approval certificate to:

Name:	(Individual or Business Name)
ſ	(marvadar of Edomodo Namo)
To the attention of:	(If necessary)
Address:	
City:	
State:	ZIP Code:
Phone Number:	E-mail Address:
Check here if you voffice regarding Bu	vould like to receive important notices via e-mail from the Ohio Secretary of State's siness Services.
being created or up	would like to be signed up for our Filing Notification System for the business entity odated by filing this form. This is a free service provided to notify you via e-mail when ed on your business record.
Type of Service Being	Requested: (PLEASE CHECK ONE BOX BELOW)
examined for the purp	A filing form, to be submitted at a later date for processing, may be submitted to be cose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The complete within 1-2 business days.
_	ly 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 roffice.
	By including an Expedite fee of \$100.00, in addition to the regular filing fee on page ling will be processed within 2 business days after it is received by our office.
one of the form, the fi	By including an Expedite fee of \$200.00, in addition to the regular filing fee on page ling will be processed within 1 business day after it is received by our office. This service lik-in customers who hand deliver the document to the Client Service Center.
Expedite Service 3:	By including an Expedite fee of \$300.00, in addition to the regular filing fee on page

one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.



Form 532A Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910

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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

Initial Articles of Incorporation

(For Profit, Domestic Corporation)
Filing Fee: \$125
(113 - ARF)

irst:	Name of Corporation				
	·	e following word or abbreviation: company, co. orporated, or inc.)			
econd:	Location of Principal office in Ohio				
		Mailing Address			
		City	State	ZIP Code	
		County			
ffective Date Optional)			e corporation begins upon or on a later date specified		
Optional)	mm/dd/yyyy	the filing of the articles of that is not more than nin	or on a later date specified nety days after filing)		
Optional) hird:	mm/dd/yyyy The number of shares w	the filing of the articles of that is not more than nin	or on a later date specified lety days after filing) horized to have outstanding.		
Optional) hird:	mm/dd/yyyy The number of shares w	the filing of the articles of that is not more than nin	or on a later date specified lety days after filing) horized to have outstanding.		
Optional) hird:	mm/dd/yyyy The number of shares w	the filing of the articles of that is not more than nin	or on a later date specified lety days after filing) horized to have outstanding.		
Optional) hird:	mm/dd/yyyy The number of shares w (Please state if shares a	the filing of the articles of that is not more than ning which the corporation is authore common or preferred articles. Type	or on a later date specified nety days after filing) horized to have outstanding. nd their par value, if any.)	f that stated capital	
Optional) hird:	mm/dd/yyyy The number of shares w (Please state if shares a	the filing of the articles of that is not more than ning which the corporation is authore common or preferred articles. Type	horized to have outstanding. and their par value, if any.) Par Value	f that stated capital	

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 C	OF STAT	UTORY AGE	NT
hereby appoint the fe	ollowing	least a majority of the incorporators og to be statutory agent upon whom ar he corporation may be served. The c	ny proces		
Name					
Mailing Address	 S				
City			J <u> </u>	State	Zip Code
	[
Must be signed by the Incorporators or a majority of the incorporators		Signature			
		Signature			
		Signature			
		ACCEPTANCE OF A	APPOIN1	TMENT	1
The Undersigned,					, named herein as the
	Statut	ory Agent Name			
Statutory agent for					
	Corpo	ration Name			
hereby acknowledge	es and a	accepts the appointment of statutory	agent for	said corporat	ion.
Statutory Agent Signature					
		Individual Agent's Signature/Signatu	ıre on Be	half of Corpor	rate Agent
☐ If the agent	is an i	ndividual and using a P.O. Box, ch	neck this	box to confi	rm the agent is an Ohio resident.

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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 Signature appointment of agent must be signed by the incorporator(s). If the incorporator Ву is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box. **Print Name** If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative Signature of the business entity must sign in the "By" box and print his/her name and title/authority in the Ву "Print Name" box. **Print Name** Signature Ву **Print Name**

Instructions for Initial Articles of Incorporation (For Domestic For Profit Corporation)

This form should be used if you wish to file articles of incorporation for a domestic for profit corporation.

Name of Corporation

The name of the corporation must be in compliance with Ohio Revised Code §1701.05. The name must end with or include the word or abbreviation "company," "co.," "corporation," "corp.," "incorporated," or "inc." The name must be distinguishable on the records in the office of the secretary of state.

Ohio Principal Office Location

Please state the city and county in Ohio where the principal office of the corporation is to be located.

Effective Date (optional)

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1701.04(E), the legal existence of the corporation begins upon the filing of the articles 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 corporation 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.

Authorized Number and Par Value of Shares

Pursuant to Ohio Revised Code §1701.04(A)(3) and (4), please state the authorized number of shares, the type (common or preferred), and the par value, if any. **Note: The express terms of the shares of each class must be attached.**

Initial Stated Capital

If the corporation is to have an initial stated capital, please state the amount of that stated capital. Pursuant to §1785.05, a professional corporation may issue its capital stock only to persons who are duly licensed, certificated, or otherwise legally authorized to render within this state the same professional service as that for which the entity was organized.

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1701.07, an Ohio Corporation must appoint and maintain a statutory agent to accept service of process on behalf of the corporation. We cannot accept articles of incorporation unless the statutory agent information is provided. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation that is licensed to do business in Ohio and is authorized by its articles of incorporation to act as a statutory agent and has a business address in Ohio.

If the statutory agent is an individual using P.O. Box address, they must also check a box to confirm that he or she is an Ohio resident. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

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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.

Signature(s)

After completing all information on the filing form, please make sure that page 3 is signed by the incorporator(s).

**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 532A Last Revised: 3/16/12