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Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Kathy Hammond
(Name)

58970 Kirkland Hill
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Bellaire | OH | 43906
(City) | *(State)* | *(Zip Code)*

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) | *(State)* | *(Zip Code)*

(Name)

(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(City) | *(State)* | *(Zip Code)*

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

Kathy Hammond
Authorized Representative

1-16-03
Date

Kathy Hammond
Print Name

Authorized Representative

Date

Print Name

Authorized Representative

Date

Print Name

DOC ID ----> 200302204266

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/23/2003	200302204266	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

KATHY HAMMOND
CLYDE HAMMOND
58970 KIRKLAND HILL RD
BELLAIRE, OH 43906

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1363646

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LMS CONSTRUCTION, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200302204266**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of January, A.D. 2003.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200302204266

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

2003 JAN 21 AM 9:07

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

○ Yes — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

Ø No — PO Box 670, Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)
Filing Fee $125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Incorporation Profit	(2) ☐ Articles of Incorporation Non-Profit	(3) ☐ Articles of Incorporation Professional
(113-ARF)	*(114-ARN)*	*(170-ARP)*
ORC 1701	ORC 1702	Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation LMS Construction, Inc.

SECOND: Location Bellaire *(City)* Belmont *(County)*

Effective Date **(Optional)** _____ *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.***

☐ ***Check here if additional provisions are attached***

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any) 1,500 *(No. of Shares)* Common *(Type)* No par value *(Par Value)*

(Refer to instructions if needed)

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Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of LMS Construction, Inc.
hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Kathy Hammond
(Name)
58970 Kirkland Hill
(Street)
NOTE: P.O. Box Addresses are NOT acceptable.

Bellaire (City), Ohio 43906 (Zip Code)

Must be authenticated by an authorized representative

Kathy Hammond — Authorized Representative — 1-16-03 — Date

Authorized Representative — Date

Authorized Representative — Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Kathy Hammond, named herein as the
Statutory agent for, LMS Construction, Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Kathy Hammond
(Statutory Agent)