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|------------|--------------|--------------------------------------------|--------|-------|---------|------|------|
| 09/12/2003 | 200325500528 | ARTICLES OF ORGANIZATION/DOM.<br>LLC (LCA) | 125.00 | .00   | .00     | .00  | .00  |

**Receipt**

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

ULMER & BERNE LLP  
ATTN: DOUGLAS K. SESNOWITZ  
1300 E NINTH ST., STE 900  
CLEVELAND, OH 44114

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell****1410603**

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

**FEMC SERVICE, LLC**

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

Document(s)

**ARTICLES OF ORGANIZATION/DOM. LLC**

Document No(s):

**200325500528**

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 10th day of September,  
A.D. 2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State

09/10/03 11:57 FAX 216 621 7488

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

Main Office: PO Box 1390

☐ Yes PO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☐ No PO Box 670  
Columbus, OH 43216

### ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

|                                                                                                                                             |                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(1) <input checked="" type="checkbox"/> Articles of Organization for<br/>Domestic Limited Liability Company</b><br>(115-LCA)<br>ORC 1705 | <b>(2) <input type="checkbox"/> Application for Registration of<br/>Foreign Limited Liability Company</b><br>(106-LFA)<br>ORC 1705<br><br>(Date of Formation) _____ (State) _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

Name FEMC Service, LLC☐ Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.L.d., LLC, L.L.C.

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

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date (Optional) _____<br>(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. |
| This limited liability company shall exist for _____<br>(Optional)                                                                                                                                                                                                                | perpetual<br>(Period of existence)                                                                                                               |
| Purpose (Optional) _____<br>to engage in any lawful act or activity for which limited liability companies may be<br>formed under Sections 1705.01 to 1705.58, inclusive, of the Ohio Revised Code, and<br>as provided in the Operating Agreement of the Limited Liability Company |                                                                                                                                                  |
| The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is                                                                                                                             |                                                                                                                                                  |
| (Optional) _____<br>(Name)                                                                                                                                                                                                                                                        |                                                                                                                                                  |
| _____ (Street)                                                                                                                                                                                                                                                                    | NOTE: P.O. Box Addresses are NOT acceptable.                                                                                                     |
| _____ (City)                                                                                                                                                                                                                                                                      | _____ (State) _____ (Zip Code)                                                                                                                   |

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

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member, manager or representative of

FEMC Service, LLC

(name of limited liability company)

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 limited liability company may be served. The name and address of the agent is:

U-B Corporation

(Name of Agent)

1300 East Ninth Street, Suite 900

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

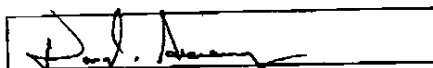
(City)

Ohio

(State)

44114

(Zip Code)

Must be authenticated by an  
authorized representativeAuthorized Representative  
Douglas K. SesnowitzSeptember 11, 2003

Date



Authorized Representative

Date

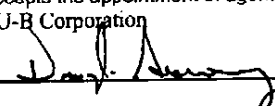
**ACCEPTANCE OF APPOINTMENT**

The undersigned, named herein as the statutory agent for

FEMC Service, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

U-B CorporationBy: 

(Agent's signature)

Douglas K. Sesnowitz, Asst. Secretary

**PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT**

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**Complete the information in this section if box (2) is checked.**

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

Ohio  
(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**

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



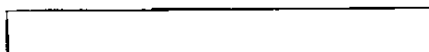
Authorized Representative

Douglas K. Scsnowitz

Print Name

September 11, 2003

Date



Authorized Representative



Date

Print Name