



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/22/2003	200329402738	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

LAQ INC DBA
ANGELL ACCOUNTING
PO BXO 805
GALLIPOLIS, OH 45631

S T A T E O F O H I O**Ohio Secretary of State, J. Kenneth Blackwell****1418031**

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

GUINTHERS CUSTOM CUTS, INC

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200329402738

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 20th day of October, A.D.
2003.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-776-7453)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

☐ Yes

PO Box 1390

Columbus, OH 43216

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

☒ 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 (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARF) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Guinthers Custom Cuts, IncSECOND: Location Vinton Gallia
(City) (County)Effective Date (Optional) _____ 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.
(mm/dd/yyyy)☐ 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

A. To operate a butcher shop.

B. To engage in any other lawful act or activity for which corporations may be formed under section

1701.01 to 1701.98, of Ohio Revised Code

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) 850 Common 0
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

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.

G.E. Guinther

(Name)

49 Sanders Drive

(Street)

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

Gallipolis

(City)

Ohio

(State)

45631

(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

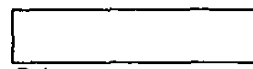
Must be authenticated
(signed) by an authorized
representative
(See Instructions)


Authorized Representative

October 17, 2003
Date

G.E. Guinther
(Print Name)


Authorized Representative


Date

(Print Name)


Authorized Representative


Date

(Print Name)

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 Guinthers Custom Cuts, 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

G.E. Guinther

(Name)

49 Sanders Drive

(Street)

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

Gallipolis

(City)

Ohio

45631

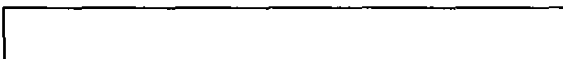
(Zip Code)

Must be authenticated by an
authorized representative


Authorized Representative

October 17, 2003

Date


Authorized Representative


Date

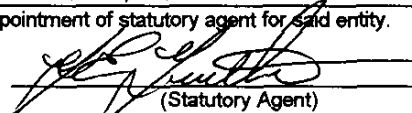

Authorized Representative


Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, G.E. Guinther, named herein as the

Statutory agent for, Guinthers Custom Cuts, Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: 

(Statutory Agent)