DOC ID ----> 200404301428

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/12/2004	200404301428	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

JACOB A. BENJAMIN
6571 ESTATE VIEW DR S
BLACKLICK, OH 43004

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1440520

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

DEEMSYS INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200404301428**

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 9th day of February, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200404301428

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)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires 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

REVIEWED
By MM
Date 2/9/04

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-ARP)* Profession _____ ORC 1785

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

Name of Corporation: DEEMSYS INC.

Location: BLACKLICK *(City)* FRANKLIN *(County)*

Effective Date: FEB 09, 04 *(mm/dd/yyyy)* ***Date specified can be no more than 90 days after date of filing.***

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

2004 FEB -9 AM 9:25

CLERK'S OFFICE CENTER

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

Purpose for which corporation is formed

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

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)

100 *(No. of Shares)* PVC *(Type)* $10.00 *(Par Value)*

(Refer to instructions if needed)

DOC ID ----> 200404301428

Completing the information in this section is optional

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

VIJAYARANI BENJAMIN
(Name)
6571 ESTATEVIEW DR. S
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
BLACKLICK OH 43004
(City) (State) (Zip Code)

DEXTER BENJAMIN
(Name)
6571 ESTATEVIEW Dr. S
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
BLACKLICK OH 43004
(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)

Vijayarani Benjamin
Authorized Representative — Date: FEB 05, 04

VIJAYARANI BENJAMIN
Print Name

Dexter Benjamin
Authorized Representative — Date: FEB 05, 04

DEXTER BENJAMIN
Print Name

Authorized Representative — Date

Print Name

DOC ID ----> 200404301428

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 DEEMSYS 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

VIJAYARANI BENJAMIN
(Name)
6571 ESTATEVIEW DR.S.
(Street) NOTE: P.O. Box Addresses are NOT acceptable.
BLACKLICK, Ohio 43004
(City) (Zip Code)

Must be authenticated by an authorized representative	Dexter Benjamin Authorized Representative	FEB 09, 04 Date
	Vijayarani Benjamin Authorized Representative	Feb 09, 04 Date
	 Authorized Representative	 Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, VIJAYARANI BENJAMIN, named herein as the
Statutory agent for, DEEMSYS Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Vijayarani Benjamin
(Statutory Agent)