DOC ID ----> 200407903374

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/23/2004	200407903374	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

DAVID GOSS
195 STERNCREST
MORELAND HILLS, OH 44022

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1450412

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

GOSSI, INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200407903374**

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 17th day of March, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200407903374

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

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: Gossi, Inc.

SECOND: Location: Moreland Hills *(City)* Cuyahoga *(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

To engage for any purpose or combination of purposes for which individuals lawfully may associate themselves.

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

(Refer to instructions if needed)

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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.

DAVID GOSS
(Name)
195 STERNCREST
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

MORELAND HILLS | OHIO | 44022
(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)

[signature] | 02/24/2004
Authorized Representative | Date
DAVID GOSS
(print name)
195 STERNCREST
MORELAND HILLS, OHIO 44022

Authorized Representative | Date
(print name)

Authorized Representative | Date
(print name)

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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 GOSSI, 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

DAVID GOSS
(Name)
195 STERNCREST
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***
MORELAND HILLS ,**Ohio** 44022
(City) *(Zip Code)*

Must be authenticated by an authorized representative

[signature]	3-1-04
Authorized Representative	Date
Authorized Representative	Date
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, DAVID GOSS, named herein as the
Statutory agent for, GOSSI, INC.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: [signature]
(Statutory Agent)