



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/22/2004	200408200948	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

B & L STAFFING SERVICE INC
BUNRITH LENG
13775 CLARMONT AVE
HIDDLEBURGH HTS, OH 44130

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1449882

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

B & L STAFFING SERVICE INC

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200408200948



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

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)

☐ YesPO Box 1390
Columbus, OH 43216

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

☐ NoPO Box 670
Columbus, OH 43216**INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

 Date 09/17/04
 3-17-04

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

FIRST:	Name of Corporation	<u>B & L STAFFING SERVICE INC</u>
SECOND:	Location	<u>Cleveland</u> <u>CUYOHGA</u> (City) (County)
Effective Date (Optional)	<u>3-17-04</u>	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)

(Refer to instructions if needed)

1
(Type of Shares)NPC
(Type)0
(Par Value)

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.

BUNRITH LENG

(Name)

13775 CIREMONT AVE

(Street)

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

Middleburg Heights OH

(City)

(State)

44130

(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

BUNRITH LENG

(print name)

03-17-04

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

The undersigned, being at least a majority of the incorporators B & L STAFFING SC 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

(Name) 13775 CLAREMONT AVE
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

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

MOOREBURGH, Ohio 44130
(City) (Zip Code)


Authorized Representative

03-17-04

Authorized Representative

Date _____

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

BENRITH LEAG, named herein as the

BVL STAFFING SERVICE INC

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)