



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/30/2004	200436402354	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

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

THOMAS E. BARTLEBAUGH, ESQ
2507 SHADOW RIDGE LANE
FAIRLAWN, OH 44333

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1509136**

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

FAIRLAWN PLAZA ASSOCIATES LIMITED LIABILITY COMPANY

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200436402354

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 29th day of December,
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)

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- ☐ 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)

(1) ☒ Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) ☐ Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 (Date of Formation) _____ (State) _____
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Complete the general information in this section for the box checked above.

Name FAIRLAWN PLAZA ASSOCIATES LIMITED LIABILITY COMPANY☐ 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.t.d., LLC, L.L.C.

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

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)This limited liability company shall exist for
(Optional)

(Period of existence)

Purpose
(Optional)

To engage in any lawfull act or activity for which

limited liability company may be formed under Sections

1705.1 to 1705.58 inclusive, of the Ohio Revised Code,

and as provided in any operating agreement of the LLC

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)

THOMAS E. BARTLEBAUGH

(Name)

1790 ENTERPRISE PARKWAY

(Street)

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

TWINSBURG

(City)

OHIO

(State)

44087

(Zip Code)

The undersigned authorized member, manager or representative of

(name of limited liability company)

LISA KAYSON

(Name of Agent)

1790 ENTERPRISE PARKWAY

(Street)

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

Twissburg

(City)

Ohio

(State)

44087

(Zip Code)



 Authorized Representative

Authorized Representative

12-28-04

Date _____

Authorized Representative

Date _____

The undersigned, named herein as the statutory agent for

(name of limited liability company)

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

Mr. Kahan
(Agent's signature)

(Agent's signature)

Last Revised: May 2002

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)

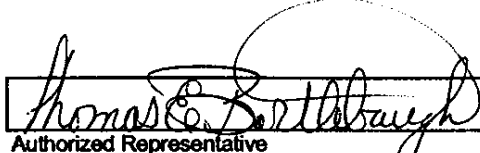
(Zip Code)

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

12-28-04
Date

THOMAS E. BARTLEBAUGH
(Print Name)

Authorized Representative

Date

(Print Name)