



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/11/2005	200504101856	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

EMERALD RESOURCE GROUP
40 EAGLE VALLEY COURT
BROADVIEW HEIGHTS, OH 44147

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1518356

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

THE EMERALD CONSULTING GROUP LLC

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200504101856



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 31st day of January, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Office Secretary - State

100 East Broad Street, 14th Floor, Columbus, OH 43260

Telephone: (614) 464-5800 Fax: (614) 464-5801

www.state.oh.us/sos

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

Expedite this Form: ☐ Yes ☐ No

Mail Form to one of the Following:

Yes ☐ PO Box 1390
Columbus, OH 43216

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

• ☒ PO Box 670
Columbus, OH 43216

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

2005 JAN 31 AM 9:14

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Articles of Organization for Domestic Limited Liability Company Effective Date: _____ State: _____	(2) Application for Registration of Foreign Limited Liability Company Foreign LLC Name: _____ Foreign Jurisdiction: _____ Effective Date: _____ State: _____
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Complete the general information in this section for the box checked above.

Name The Emerald Consulting Group LLC

Check here if additional provisions are attached ☐

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.

This limited liability company shall exist for _____ (Optional) _____ (Period of existence)

Purpose Management Consulting Services (Optional)

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) The Emerald Consulting Group LLC
40 Eagle Valley CT
Broadview Hts OHIO 44147
OH OH OH

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

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

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

The Emerald Consulting Group LLC

(name of limited liability company)

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 limited liability company may be served. The name and address of the agent is:

Mark Krusinski

(Name of agent)

40 Eagle Valley CT

(Street)

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

Broadview HTS

(City)

Ohio

(State)

44147

(Zip Code)

Must be authenticated by an
authorized representative

Mark Krusinski

Authorized Representative

11/17/05

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

The Emerald Consulting Group LLC

(name of limited liability company)

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

Mark Krusinski

(Name of Agent)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

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

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

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

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

_____ Ohio _____

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)

Mark Krusinski

Authorized Representative

11/17/05

Date

Mark Krusinski

Print Name

Authorized Representative

Date

Print Name