DOC ID ----> 200514303572

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/24/2005	200514303572	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

MIKE TOMINC
5909 BROOKMONT DR
HILLIARD, OH 43026

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1544677

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

ALMUR CONSTRUCTION, INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200514303572**

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 20th day of May, A.D. 2005.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200514303572

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 (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.

FIRST: Name of Corporation ALMUR CONSTRUCTION, INC.

SECOND: Location HILLIARD *(City)* FRANKLIN *(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

GENERAL CONTRACTOR

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)* $0 *(Par Value)*

(Refer to instructions if needed)

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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 ALMUR CONSTRUCTION, 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

MICHAEL J. TOMINC
(Name)

5909 BROOKMONT DRIVE
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

HILLIARD ,**Ohio** 43026
(City) *(Zip Code)*

Must be authenticated by an authorized representative

Michael J. Tominc — Authorized Representative — 5-18-05 — Date

Authorized Representative — Date

Authorized Representative — Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, MICHAEL J. TOMINC, named herein as the

Statutory agent for, ALMUR CONSTRUCTION, INC.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Michael J. Tominc 5-18-05
(Statutory Agent)

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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.

MICHAEL J. TOMINC
(Name)

5909 BROOKMONT DRIVE
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

HILLIARD *(City)* | OHIO *(State)* | 43026 *(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)

Michael J. Tomine
Authorized Representative

5-18-05
Date

MICHAEL J. TOMINC, INCORPORATOR
Print Name

Authorized Representative

Date

Print Name

Authorized Representative

Date

Print Name