



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/30/2006	200630302304	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

DANIEL A. THOMAS, ESQ.
PO BOX 353
WARREN, OH 44482

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1657274

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
WTR SERVICES, INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200630302304



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 30th day of October, A.D.
2006.

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)

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

2006 OCT 30 PM 10:31

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 WTR SERVICES, INC

SECOND: Location Warren Trumbull
 (City) (County)

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)

☐ 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) 1,500 Common No Value
 (No of Shares) (Type) (Par Value)

(Refer to instructions if needed)

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

(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)

(Name)

(Street)

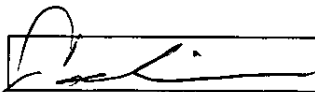
NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)



Authorized Representative

THOMAS SIKORA

(Print Name)

228 Westview Avenue

Hubbard, Ohio 44425

10-26-06

Date

Authorized Representative

Date

(Print Name)

Authorized Representative

Date

(Print Name)

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 WTR SERVICES, 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

THOMAS SIKORA

(Name)

228 Westview Avenue

(Street)

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

Hubbard

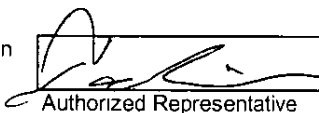
(City)

, Ohio

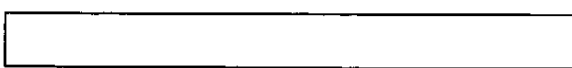
44425

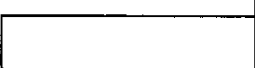
(Zip Code)

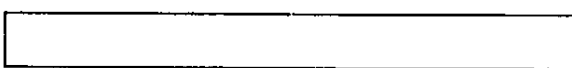
Must be authenticated by an
authorized representative

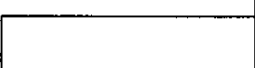

Authorized Representative

10-26-06
Date


Authorized Representative


Date


Authorized Representative

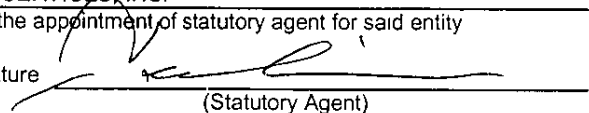

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, THOMAS SIKORA, named herein as the

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

Signature


(Statutory Agent)