DOC ID ----> 200631301872

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/09/2006	200631301872	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	00	00	00	00

Receipt

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

INCORPORATETIME.COM, INC.
35-37 CARLETON AVE.
SUITE 200
ISLIP TERRANCE, NY 11752

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

1659560

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

KODI INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200631301872**

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 9th day of November, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200631301872

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 NOV -9 AM 8:57

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 **Kodi 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

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) **850** *(No. of Shares)* **common** *(Type)* **.01** *(Par Value)*

(Refer to instructions if needed)

DOC ID ----> 200631301872

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.

Ramesh kodi
(Name)
2684 Bridgewatch Ln
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

Hilliard *(City)* **OH** *(State)* **43026** *(Zip Code)*

Malathi Kodi
(Name)
2684 Bridgewatch Ln
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

Hilliard *(City)* **OH** *(State)* **43026** *(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)

Kodi Ramesh Kolm
Authorized Representative
11/08/2006
Date
Ramesh kodi
(print name)

Authorized Representative
11/08/2006
Date
Malathi Kodi
(print name)

Authorized Representative
Date
(print name)

DOC ID ----> 200631301872

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 **Kodi 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

Ramesh Kodi
(Name)

2684 Bridgewatch Ln
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

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

Must be authenticated by an authorized representative

Kodi Ramesh Babu
Authorized Representative
Ramesh kodi
11/05/2006
Date

Authorized Representative
Malathi Kodi
11/08/2006
Date

Authorized Representative
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, **Ramesh Kodi** , named herein as the Statutory agent for, **Kodi Inc.** , hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Kodi Ramesh Babu
(Statutory Agent)