DOC ID ----> 200709402280

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/05/2007	200709402280	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

ANDERSON BUSINESS ADVISORS - ATTN: TRACI
20819 72ND AVE. S.
STE. 110
KENT, WA 98032

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1690261

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

STELEE ENTERPRISE, INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200709402280

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 March, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200709402280

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

2007 NOV 30 P 12:43

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Articles of Incorporation Profit	(2) ☐ Articles of Incorporation Non-Profit	(3) ☐ Articles of Incorporation Professional
(113-ARF)	(114-ARN)	(170-ARP)
ORC 1701	ORC 1702	Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation STELEE ENTERPRISE, INC.

SECOND: Location MIDDLEBURG HTS *(City)* CUYAHOGA *(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

The purpose or purposes for which the corporation is formed, but in the absence of a statement of the purpose or purposes or except as expressly set forth in such statement, the purpose for which any corporation is formed is to engage in any lawful act or activity for which a corporation may be formed under this chapter, and all lawful acts and activities of the corporation are within the purposes of the corporation;

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 *(No. of Shares)* common *(Type)* $.001 *(Par Value)*

(Refer to instructions if needed)

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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.

STEVEN T. ENGLEHART
(Name)
15725 SHELDON ROAD
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

MIDDLEBURG HTS | OHIO | 44130
(City) | *(State)* | *(Zip Code)*

JEROLD T. ENGLEHART
(Name)
15725 SHELDON ROAD
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

MIDDLEBURG HTS | OHIO | 44130
(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
TRACI CRAIG
(print name)

3/19/2007
Date

Authorized Representative
(print name)

Date

Authorized Representative
(print name)

Date

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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 STELEE ENTERPRISE, 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

JEROLD T. ENGLEHART
(Name)

15725 SHELDON ROAD
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

MIDDLEBURG HEIGHTS ,**Ohio** 44130
(City) *(Zip Code)*

Must be authenticated by an authorized representative

Authorized Representative	3/19/2007 Date
Authorized Representative	Date
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, JEROLD T. ENGLEHART, named herein as the Statutory agent for, STELEE ENTERPRISE, INC., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Jerold T. Englehart
(Statutory Agent)