



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/25/2007	200711402952	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125 00	00	00	00	00

Receipt

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

DAVID M LENEGHAN
200 TREEWORTH BLVD
SUITE 200
BROADVIEW HTS, OH 44147

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1694927

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
ROOF-PRO INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200711402952



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 April, A.D.
2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us

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 Nonprofit)

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

FIRST: Name of Corporation	<u>Roof-Pro Inc</u>	
SECOND: Location	<u>Akron</u> (City)	<u>Summit</u> (County)
Effective Date (Optional)	<u> </u> 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)	<u>1,000</u> (No. of Shares)	<u>common</u> (Type)	<u>no par value</u> (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) _____

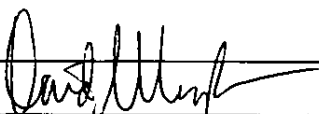
NOTE: P.O. Box Addresses are NOT acceptable.

(City) _____

(State) _____

(Zip Code) _____

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


Authorized Representative

February 28, 2007
Date

David M. Leneghan
(Print Name)

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 _____ 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

David M. Leneghan

(Name)

200 Treeworth Blvd., Suite 200

(Street)

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

Broadview Heights

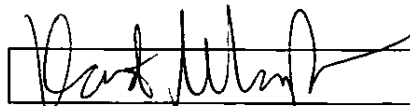
(City)

Ohio

44147

(Zip Code)

Must be authenticated by an
authorized representative


Authorized Representative

February 28, 2007

Date


Authorized Representative

Date


Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

David M. Leneghan

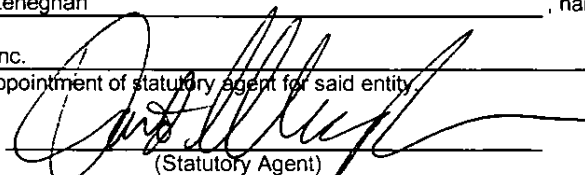
, named herein as the

Statutory agent for,

Roof-Pro Inc.

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:


(Statutory Agent)