



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/25/2008	200820602764	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

Receipt

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

KESSLER & BALLENGER CO., L.P.A.
7650 RIVERS EDGE DRIVE
SUITE 220
COLUMBUS, OH 43235

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1794552**

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

DONLEY FAMILY, LLC

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

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

200820602764

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 18th day of July, A.D.
2008.

Ohio Secretary of State



www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Prescribed by:

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

Expedite this Form: (Select One)**Mail Form to one of the Following:**

☐ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100***

☒ Non Expedite PO Box 670
Columbus, OH 43216

RECEIVED

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

JUL 18 2008

Filing Fee \$125.00

SECRETARY OF STATE

THE UNDERSIGNED DESIRING TO FILE:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)
ORC 1705

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)
ORC 1705

Name of limited liability company:

DONLEY FAMILY, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date

(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for

(Optional)

Period of Existence

Purpose

(Optional)

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

DONLEY FAMILY, LLC

Name of Limited Liability Company

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 limited liability company may be served. The name and address of the agent is

RUSSELL W. KESSLER

Name of Agent

7650 RIVERS EDGE DRIVE

Mailing Address

COLUMBUS

City

Ohio

State

43235

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is a resident of the state of Ohio.

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

DONLEY FAMILY, LLC

Name of Limited Liability Company

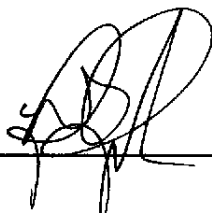
hereby acknowledges and accepts the appointment of agent for said limited liability company



Agent's Signature

REQUIRED

Articles and original appointment of agent must be **(signed)** by a member, manager or other representative.



Signature

RUSSELL W. KESSLER

Print Name

July 17, 2008

Date

Signature

Date

Print Name

Signature

Date

Print Name