DOC ID ----> 200821001800

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/29/2008	200821001800	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.

PORTER, WRIGHT, MORRIS, ARTHUR
41 S. HIGH ST., 28TH FLOOR
ATTN BARRY KISER
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1795318

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

RUMD LLC

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

Document(s)	Document No(s):
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	**200821001800**

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 21st day of July, A.D. 2008.

Ohio Secretary of State

DOC ID ----> 200821001800

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:	
○ Expedite	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of $100***	
● Non Expedite	PO Box 670 Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee $125.00

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:

RUMD 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

RUMD 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

Acme Agent, Inc.
Name of Agent

41 South High Street, Suite 2800
Mailing Address

Columbus	Ohio	43215
City	State	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

RUMD LLC
Name of Limited Liability Company

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

Bay Kuw, Assistant Secretary
Agent's Signature

DOC ID ----> 200821001800

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

Kathryn S Baltes
Signature

7/18/08
Date

Kathryn S. Baltes
Print Name

Signature

Date

Print Name

Signature

Date

Print Name