DOC ID ----> 200825300226

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/09/2008	200825300226	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	100.00	.00	.00	.00

Receipt

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

RIEGER SPENCER
410 MAHONING AVE
ATTN GILBERT L RIEGER
WARREN, OH 44482

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1804390

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

TURNER'S CORNER, 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.	**200825300226**

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 8th day of September, A.D. 2008.

Jennifer Brunner

Ohio Secretary of State

DOC ID ----> 200825300226

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

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X Expedite	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of $100***	
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RECEIVED
BUSINESS SERVICES DIVISION
SEP 08 2008
OHIO SECRETARY OF STATE

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:

TURNER'S CORNER, 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)** To purchase, own, manage, lease and remodel real estate of all types and anything incidental thereto.

☐ ***Check here if additional provisions are attached***

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ORIGINAL APPOINTMENT OF AGENT

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

TURNER'S CORNER, 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

KEVIN K. TURNER
Name of Agent

2627 Youngstown-Kingsville Road
Mailing Address

Cortland | Ohio | 44410
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

TURNER'S CORNER, LLC
Name of Limited Liability Company

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

x Kevin K Turner
Agent's Signature

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

Kevin K Turner Member — Signature
9/3/08 — Date

Print Name

Cathy W. Turner member — Signature
9/3/08 — Date

Print Name

Signature — Date

Print Name