DOC ID ----> 200825302516

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/10/2008	200825302516	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.

AIM BUSINESS SOLUTIONS LLC
P.O. BOX 498606
CINCINNATI, OH 45249

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1804602

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

XTRM SERVICES 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.	**200825302516**

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.

Ohio Secretary of State

DOC ID ----> 200825302516

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:

XTRM Services 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***

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ORIGINAL APPOINTMENT OF AGENT

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

XTRM Services 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

Renee-Claude M. Perron
Name of Agent

399 Apalachee Drive
Mailing Address

Maineville — City
Ohio — State
45039 — 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

XTRM Services LLC
Name of Limited Liability Company

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

Renee-Claude Perron
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.

Renee-Claude Perron
Signature

9/1/08
Date

Renee-Claude M. Perron
Print Name

Signature

Date

Print Name

Signature

Date

Print Name