



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/05/2008	200834000634	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

NSI
ATTN: TENA LUMPKINS
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1822128**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NORGAS CONTROLS, INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200834000634



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 1st day of January, A.D.
2009.

Ohio Secretary of State



Prescribed by:

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)

☐ 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 Nonprofit (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>Norgas Controls, Inc.</u>	
SECOND:	Location	<u>Fairfield</u> (City)	<u>Butler</u> (County)
Effective Date (Optional)	<u>1/1/2009</u> (mm/dd/yyyy)	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.	
☐ 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>1500</u> (No. of Shares)	<u>Common</u> (Type)	<u>No Par Value</u> (Par Value)
(Refer to instructions if needed)			

2009 DEC -4 PM 3:22
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SECRETARY OF STATE

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.

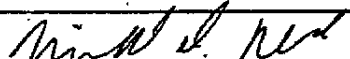
(City)

(State)

(Zip Code)

REQUIRED

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



Authorized Representative

Michael D. Dick

(print name)

12/3/08

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

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 Norgas Controls, Inc.
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

Michael D. Dick

(Name)

473 Commercial Drive

(Street)

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

Fairfield

(City)

Ohio

45014

(Zip Code)

Must be authenticated by an
authorized representative

Michael D. Dick

Authorized Representative

12/3/2008

Date

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Michael D. Dick

, named herein as the

Statutory agent for,

Norgas Controls, Inc.

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

Signature: Michael D. Dick

(Statutory Agent)