



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/17/2008	200835102056	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

CARRIE A. BRUNELLO
5108 SUMMERSET DR
TIPP CITY, OH 45371

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1824410

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
11TH HOUR STAFFING, INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200835102056



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 15th day of December,
A.D. 2008.

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)

Mail Form to one of the Following:

- ☐ 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 11th Hour Staffing, Inc.SECOND: Location Tipp City Miami
(City) (County)Effective Date (Optional) _____ 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.
(mm/dd/yyyy)☐ 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

To provide staffing services to businesses and for any other lawful activityfor which a corporation may be formed in the State of Ohio

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) 1000 Common No par value
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

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.

Carrie Brunello

(Name)

5108 Summerset Dr.

(Street)

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

Tipp City

OHIO

45371

(City)

(State)

(Zip Code)

Lawrence Brunello

(Name)

5108 Summerset Dr.

(Street)

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

Tipp City

OHIO

45371

(City)

(State)

(Zip Code)

(Name)

(Street)

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

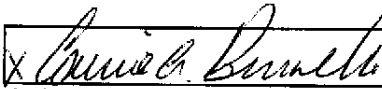
(City)

(State)

(Zip Code)

REQUIREDMust be authenticated
(signed) by an authorized
representative

(See Instructions)



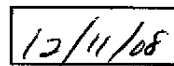
Authorized Representative

Carrie Brunello

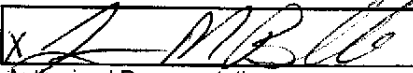
(print name)

5108 Summerset Dr.

Tipp City, OH 45371



Date



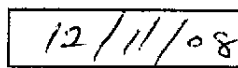
Authorized Representative

Lawrence Brunello

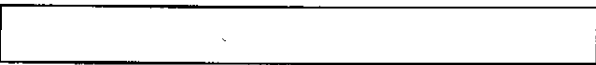
(print name)

5108 Summerset Dr.

Tipp City, OH 45371



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 11th Hour Staffing, 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

Carrie Brunello

(Name)

5108 Summerset Dr.

(Street)

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

Tipp City

, Ohio

45371

(City)

(Zip Code)

Must be authenticated by an
authorized representative

x *Carrie Brunello*

Authorized Representative

12/11/08

Date

x *[Signature]*

Authorized Representative

12/11/08

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Carrie Brunello

, named herein as the

Statutory agent for,

11th Hour Staffing, Inc.

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

Signature:

x *Carrie Brunello*

(Statutory Agent)