



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/01/2009	200915200354	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

ARYES STAFFING
750 E. LONG STREET - #300
COLUMBUS, OH 43203

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1858433**

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

ADAMS & WILKES GROUP INC

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200915200354

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 June, 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)

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 ADAMS & WILKES GROUP INC

SECOND: Location Columbus Franklin
 (City) (County)

Effective Date (Optional) 06/01/2009 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

The purpose of this company is to provide staffing services and to engage in any other
lawful acts for which a corporation may be formed under the provisions of Chapter 1701
of the Ohio Revised Code.

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.Mark L. Adams

(Name)

750 E. Long St., Suite 3000

(Street)

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

(City)

Ohio

(State)

43203

(Zip Code)

Fred Wilkes

(Name)

750 E. Long St., Suite 3000

(Street)

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

(City)

Ohio

(State)

43203

(Zip Code)

(Name)

(Street)

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

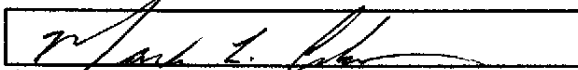
(City)

(State)

(Zip Code)

REQUIREDMust be authenticated
(signed) by an authorized
representative

(See Instructions)



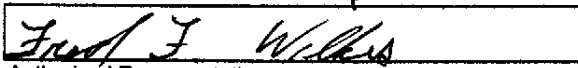
Authorized Representative

Mark L. Adams

(print name)

750 E. Long St., Suite 3000Columbus, OH., 432035/29/09

Date



Authorized Representative

Fred Wilkes

(print name)

750 E. Long St., Suite 3000Columbus, OH., 432035/29/09

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 **ADAMS & WILKES GROUP 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

Mark L. Adams

(Name)

750 E. Long St., Suite 3000

(Street)

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

Columbus

(City)

Ohio

43203

(Zip Code)

Must be authenticated by an authorized representative

[Signature]

Authorized Representative

5/29/09

Date

[Signature]

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mark L. Adams, named herein as the

Statutory agent for, ADAMS & WILKES GROUP INC, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: [Signature]

(Statutory Agent)