DOC ID ----> 200927501758

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/05/2009	200927501758	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

MARK POTTER
8401 BANBURY ST
CINCINNATI, OH 45216

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1887063

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

INOVA, INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**200927501758**

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 2nd day of October, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200927501758

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

RECEIVED
OCT - 2
SECRETARY OF STATE

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

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation iNOVA, Inc.

SECOND: Location Cincinnati *(City)* Hamilton *(County)*

Effective Date **(Optional)** _____ *(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

To engage in any lawful act or activity for which corporations may be formed under 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) 500 *(No. of Shares)* Common *(Type)* no par value *(Par Value)*

(Refer to instructions if needed)

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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 K. Potter
(Name)
8401 Banbury Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Cincinnati *(City)* OH *(State)* 45216 *(Zip Code)*

Jennifer L. Potter
(Name)
8401 Banbury Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Cincinnati *(City)* OH *(State)* 45216 *(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)

Mark K Potter
Authorized Representative
Mark K. Potter
(print name)

08-31-09
Date

Authorized Representative
(print name)

Date

Authorized Representative
(print name)

Date

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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 iNOVA, 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 K. Potter
(Name)
8401 Banbury Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***
Cincinnati , **Ohio** 45216
(City) *(Zip Code)*

Must be authenticated by an authorized representative	Mark K Potter Authorized Representative	08-31-09 Date
	Authorized Representative	Date
	Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mark K. Potter, named herein as the
Statutory agent for, iNOVA, Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Mark K Potter
(Statutory Agent)