



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/02/2009	200930601292	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	100.00	.00	.00	.00

Receipt

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

STAFF RIGHT PROFESSIONAL SERVICES, LLC
7301 WEST BLVD., SUITE B-1
BOARDMAN, OH 44512

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1892980

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

STAFF RIGHT LEASING SERVICES, INC.

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200930601292



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 November,
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 Staff Right Leasing Services, Inc.

SECOND: Location Columbiana Columbiana
(City) (County)

Effective Date (Optional) 10/01/09 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

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 Common \$1.00
(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.Denise L Dickey

(Name)

42867 State Route 517

(Street)

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

Columbiana

(City)

OH

(State)

44408

(Zip Code)

Diane Hart

(Name)

3547 State Route 7

(Street)

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

New Waterford

(City)

OH

(State)

44445

(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)

Diane Hart

Authorized Representative

Diane Hart

(print name)

10-28-09

Date

Denise L. Dickey

Authorized Representative

Denise L Dickey

(print name)

10-28-09

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 Staff Right Leasing Services, 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

Diane Hart

(Name)

3547 State Route 7

(Street)

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

New Waterford

, Ohio

44445

(City)

(Zip Code)

Must be authenticated by an
authorized representative

Diane Hart

Authorized Representative

10-28-09

Date

Denise L. Dickey

Authorized Representative

10-28-09

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Diane Hart

, named herein as the

Statutory agent for,

Staff Right Leasing Services, Inc.

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

Signature: Diane Hart

(Statutory Agent)