



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/09/2009	200931300494	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

MR RONALD J HARPST
14881 CHEROKEE TRL
CLEVELAND, OH 44130-6652

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1894444

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

130 RESTAURANT AND MANAGEMENT, CORP.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200931300494



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 9th 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

RECEIVED

NOV - 9 2009

SECRETARY OF STATE

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	130 RESTAURANT AND MANAGEMENT, CORP.	
SECOND: Location	Middleburg Heights (City)	Cuyahoga (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 carry on the business of operating a restaurant and
Cocktail lounge and all those services relative thereto
and to engage in any lawful act or activities for which
corporations may be formed under Sections 1701.01 to
1701.98, inclusive, 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)	100 (No. of Shares)	common (Type)	no par (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.

(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)



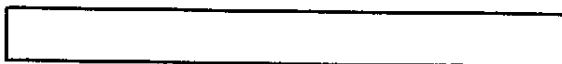
Authorized Representative **John DelBusso**

John DelBusso

(print name)

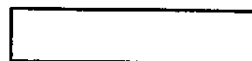
October 14, 2009

Date

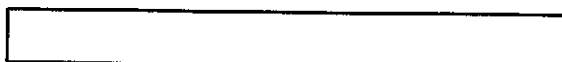


Authorized Representative

(print name)

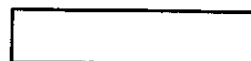


Date



Authorized Representative

(print name)



Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

**130 Restaurant and
Management, Corp.**

The undersigned, being at least a majority of the incorporators of
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

John DelBusso

(Name)

19325 Co-Moor Blvd.

(Street)

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

Strongsville

, Ohio

44136

(City)

(Zip Code)

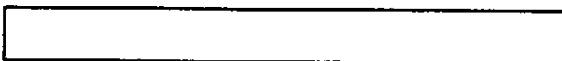
Must be authenticated by an
authorized representative



Authorized Representative **John DelBusso**

10-14-2009

Date



Authorized Representative

Date



Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

John DelBusso

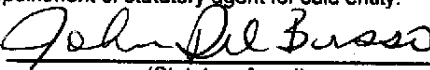
, named herein as the

Statutory agent for,

130 Restaurant and Management, Corp.

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

Signature:



(Statutory Agent)

John DelBusso