DOC ID ----> 201011201021

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|---|---|---|---|---|---|---|---|
| 04/23/2010 | 201011201021 | DOMESTIC ARTICLES/FOR PROFIT (ARF) | 125.00 | .00 | | .00 | .00 |

**Receipt**

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

BALYEAT, LEAHY, DALEY & MILLER, LLC
1728 ALLENTOWN RD.
LIMA, OH 45805

# STATE OF OHIO
# CERTIFICATE

## Ohio Secretary of State, Jennifer Brunner

**1931308**

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

**WCOVES PROPERTIES, INC.**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC ARTICLES/FOR PROFIT** | **201011201021** |

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 20th day of April, A.D. 2010.

Ohio Secretary of State

DOC ID ----> 201011201021

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<br>Columbus, OH 43216<br>*** Requires an additional fee of $100 *** |
| ◉ No | PO Box 670<br>Columbus, OH 43216 |

# INITIAL ARTICLES OF INCORPORATION

*(For Domestic Profit or Nonprofit)*
Filing Fee $125.00

2010 MAR 20 AM 11:57

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

*(CHECK ONLY ONE (1) BOX)*

| (1) ☑ Articles of Incorporation Profit | (2) ☐ Articles of Incorporation Nonprofit | (3) ☐ Articles of Incorporation Professional |
|---|---|---|
| (113-ARF) | (114-ARN) | (170-ARP) |
| ORC 1701 | ORC 1702 | Profession<br>ORC 1785 |

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

FIRST: Name of Corporation WCOVES Properties, Inc.

SECOND: Location Lima *(City)* Allen *(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

***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) 130 *(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.

Joshua Teders
*(Name)*
8989 Hillville Rd.
*(Street)* *NOTE: P.O. Box Addresses are NOT acceptable.*

Bluffton *(City)* OH *(State)* 45817 *(Zip Code)*

Ronald Baldridge
*(Name)*
4546 Old SR 224
*(Street)* *NOTE: P.O. Box Addresses are NOT acceptable.*

Ottawa *(City)* OH *(State)* 45875 *(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 — Date: 4/15/10
Joshua Teders
(print name)
8989 Hillville Rd.
Bluffton, OH 45817

Authorized Representative — Date: 4/16/10
Ronald Baldridge
(print name)
4546 Old SR 224
Ottawa, OH 45875

Authorized Representative — Date
(print name)

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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 WCOVES Properties, 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

Joshua Teders
*(Name)*
8989 Hillville Rd.
*(Street)* *NOTE: P.O. Box Addresses are NOT acceptable.*
Bluffton, Ohio 45817
*(City)* *(Zip Code)*

Must be authenticated by an authorized representative

| | |
|---|---|
| Authorized Representative | Date 4/15/10 |
| Authorized Representative | Date 4/16/10 |
| Authorized Representative | Date |

**ACCEPTANCE OF APPOINTMENT**

The Undersigned, Joshua Teders, named herein as the
Statutory agent for, WCOVES Properties, Inc.
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____
(Statutory Agent)