



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/30/2010	201023901199	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00		.00	.00

Receipt

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

TAFT STETTINIUS & HOLLISTER LLP
110 NORTH MAIN STREET
STE 900
DAYTON, OH 45402

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1959395**

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

ROOF MDS, LLC

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

Document(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Document No(s):

201023901199

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 26th day of August, A.D.
2010.

Ohio Secretary of State



**Form 533A Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

☐ Expedite PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

☒ Non Expedite PO Box 670
Columbus, OH 43216

RECEIVED

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

AUG 26 2010

SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)
ORC 1705

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)
ORC 1705

Name of limited liability company

Roof MDs, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date

(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for

(Optional)

Period of Existence

Purpose

(Optional)

☐ Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Roof MDs, LLC

Name of Limited Liability Company

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 limited liability company may be served. The name and address of the agent is

Christopher M. Brown, Esq.

Name of Agent

110 North Main Street, Suite 900

Mailing Address

Dayton

City

Ohio

State

45402

Zip Code

☐ If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

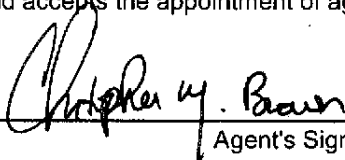
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Roof MDs, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

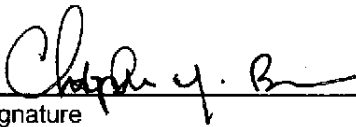


Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.



Signature

8/24/2010

Date

Christopher M. Brown, Esq.

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)