DOC ID ----> 201104700651

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/17/2011	201104700651	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.

CALLISTER NEBEKER & MCCULLOUGH
10 E SOUTH TEMPLE #900
SALT LAKE CITY, UT 84133

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1997903

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

VIP VENTURES, LLC

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

Document(s)	Document No(s):
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	**201104700651**

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 14th day of February, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201104700651

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

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: $125.00

RECEIVED
FEB 14 2011
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

VIP Ventures, 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)** Perpetual
Period of Existence

Purpose **(Optional)** To provide effective management and investment of Company assets and to engage in any other lawful business activity permitted under the laws of the State of Ohio.

☐ ***Check here if additional provisions are attached***

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ORIGINAL APPOINTMENT OF AGENT

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

VIP VenturesLLC

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

Mark G. Duckwall

Name of Agent

233 Corry Street

Mailing Address

Yellow Springs — City

Ohio — State

45387 — 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

VIP VenturesLLC

Name of Limited Liability Company

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

Mark G Duckwall

Agent's Signature

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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.

Mark G. Duckwall, Manager — Signature — 1-21-11 — Date

Mark G. Duckwall, Manager — Print Name

Mary F. Duckwall, Manager — Signature — 1/21/11 — Date

Mary F. Duckwall, Manager — Print Name

Signature — Date

Print Name

(See Instructions Below)