ORIGINAL APPOINTMENT OF AGENT

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

USIlluminations, 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

Mark C. Lewis

Name of Agent

12966 Market Avenue North

Mailing Address

Hartville	Ohio	44632
City	State	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

USIlluminations, LLC

Name of Limited Liability Company

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

Mark C. Lewis

Agent's Signature

Mark C. Lewis

DOC ID ----> 201107000078

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/11/2011	201107000078	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	100.00		.00	.00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY, SUITE 125
TIMOTHY ROBERTSON
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2003446

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

USILLUMINATIONS, 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.	**201107000078**

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 10th day of March, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201107000078

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:

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

O Non Expedite — PO Box 670, Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: $125.00

(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:

USIlluminations, LLC

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

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 EXISTENCE
Period of Existence

Purpose (Optional) To manufacture, sell at retail and wholesale, and distribute products and to engage in any other lawful act or activity for which limited liability companies may be formed under Ohio Revised Code Section 1705.01 et seq., as the same may be amended from time to time.

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

DOC ID ----> 201107000078

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 _____ Date 3-10-2011

Mark C. Lewis
Print Name

Signature _____ Date _____

Print Name

Signature _____ Date _____

Print Name

(See Instructions Below)