DOC ID ----> 201111900632

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/02/2011	201111900632	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.

AREA TEMPS INC.
1228 EUCLID AVE STE 1115
CLEVELAND, OH 44115

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2016871

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

AREA PROFESSIONALS, 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):

201111900632

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 29th day of April, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201111900632

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
Business@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

(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

Area Professionals, 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

Area Professionals, 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

Timothy J. Ditchey - DITCHEY GEIGER, LLC
Name of Agent

526 Superior Avenue East - Suite 955
Mailing Address

Cleveland	**Ohio**	44114
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

Area Professionals, LLC
Name of Limited Liability Company

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

Agent's Signature

DOC ID ----> 201111900632

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.

Kent Castelluccio — Signature
04/26/11 — Date

Area Temps, Inc., Kent Castelluccio, President
Print Name

Signature — Date

Print Name

Signature — Date

Print Name

(See Instructions Below)