

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.

JIANHUA WANG

(Name)

4808 INTERSTATE DRIVE

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

CINCINNATI

(City)

OHIO

(State)

45246

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

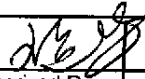
(State)

(Zip Code)

REQUIRED

Must be authenticated
(signed) by an authorized
representative

(See Instructions)



Authorized Representative

JIANHUA WANG

(print name)

7/13/11

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/22/2011	201123100981	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00		.00	.00

Receipt

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

MCCOLLOUGH TAX SERVICES
5710 SQUIRES GATE DRIVE
MASON, OH 45050

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2042040**

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

POWELL WORKS INC.

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/FOR PROFIT**201123100981**

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 17th day of August, A.D.
2011.

Ohio Secretary of State



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
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ No PO Box 670
Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

RECEIVED

RECEIVED

AUG 17 2011

JUL 14 2011

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

SECRETARY OF STATE SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

(1) ☒ Articles of Incorporation Profit (113-ARF) ORC 1701	(2) ☐ Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) ☐ Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation POWELL WORKS INC.SECOND: Location CINCINNATI BUTLER
(City) (County)Effective Date (Optional) _____ 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.
(mm/dd/yyyy)☐ 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

TO OPERATE A WHOLESALE DISTRIBUTION OFFICE FOR MACHINE TOOLS.

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) 1,000 COMMON \$1,000
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

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 POWELL WORKS 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

JIANHUA WANG

(Name)

4808 INTERSTATE DRIVE

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

CINCINNATI

(City)

Ohio

45246

(Zip Code)

Must be authenticated by an authorized representative



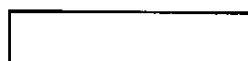
Authorized Representative

7/13/11

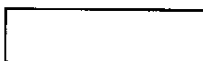
Date



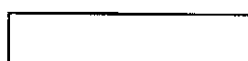
Authorized Representative



Date



Authorized Representative



Date

ACCEPTANCE OF APPOINTMENT

The Undersigned,

JIANHUA WANG

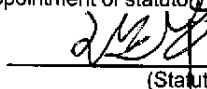
, named herein as the

Statutory agent for,

POWELL WORKS INC.

, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:



(Statutory Agent)