DOC ID ----> 201126900794

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 09/27/2011 | 201126900794 | 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.

JOHN SCHWARTZ
8 CIRCLE DR
NEW BREMEN, OH 45869

# STATE OF OHIO

## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2050013**

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

**EIGHT CIRCLE DRIVE L.L.C.**

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

| Document(s): | Document No(s): |
|---|---|
| **ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.** | **201126900794** |

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 22nd day of September, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201126900794

**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**

2011 SEP 22 AM 9:53

***(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

Eight Circle Drive L.L.C.

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

Eight Circle Drive L.L.C.
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

John T. Schwartz
Name of Agent

8 Circle Drive
Mailing Address

| New Bremen | **Ohio** | 45869 |
|---|---|---|
| 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

Eight Circle Drive L.L.C.
Name of Limited Liability Company

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

John T. Schwartz
Agent's Signature

DOC ID ----> 201126900794

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.

Janel M Schwartz — Signature
9-18-11 — Date
Janel M. Schwartz — Print Name

Signature — Date

Print Name

Signature — Date

Print Name

**(See Instructions Below)**