DOC ID ----> 201204400889

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/14/2012	201204400889	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00		.00	.00

Receipt

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

DALAD DEVELOPMENT SERVICES
2706 CROSSWOODS PLAZA DR
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2081795

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

DALAD DEVELOPMENT SERVICES

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/NON-PROFIT	**201204400889**

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 8th day of February, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201204400889

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

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Articles of Incorporation Profit	(2) ☑ Articles of Incorporation Nonprofit	(3) ☐ Articles of Incorporation Professional
(113-ARF)	(114-ARN)	(170-ARP)
ORC 1701	ORC 1702	Profession _____ ORC 1785

Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Dalad Development Services

SECOND: Location Columbus *(City)* Franlin *(County)*

Effective Date **(Optional)** ____ *(mm/dd/yyyy)* ***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.***

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

RECEIVED
SECRETARY OF STATE
2012 FEB 8 PM 3:05

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

This agency will provide refferals, advocate, and provide services for the community. Theses services will include but are not limited to computer literacy , educational development, and fund raising for other community developments and projects.

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) ____ *(No. of Shares)* ____ *(Type)* ____ *(Par Value)*

(Refer to instructions if needed)

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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.

Said Dafar
(Name)
8073 Griswold Dr
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

New Albany *(City)* OHio *(State)* 43054 *(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)

Said Dafar
Authorized Representative

01/23/2012
Date

Said Dafar
(print name)

Authorized Representative

Date

(print name)

Authorized Representative

Date

(print name)

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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 Dalad Development Services,
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

Said Dafar
(Name)

2706 Crossroads Plaza Dr
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus ,**Ohio** 43219
(City) *(Zip Code)*

Must be authenticated by an authorized representative

Said Dafar
Authorized Representative

2/8/2011
Date

Authorized Representative

Date

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Said Dafar, named herein as the

Statutory agent for, Dalad Development Services,
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Said Dafar
(Statutory Agent)