



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/02/2013	201309200665	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.

MEANS BICHIMER BURKHOLDER & BAKER CO
ATTN LISA T BANAL
1650 LAKE SHORE DR #285
COLUMBUS, OH 43204

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2187257**

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

CODB HUNT CLUB, 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):

201309200665**Effective Date: 04/01/2013**

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 2nd day of April, A.D.
2013.

Ohio Secretary of State

**Expedite Filing (Two-business day processing
time requires an additional \$100.00).**
P.O. Box 1390
Columbus, OH 43216

Last Revised: 1/9/12

ORIGINAL APPOINTMENT OF AGENT

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

CODB Hunt Club, 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

Lisa T. Banal

Name of Agent

1650 Lake Shore Drive, Suite 285

Mailing Address

Columbus

City

Ohio

State

43204

ZIP Code

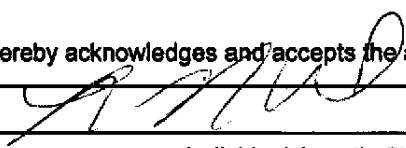
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

CODB Hunt Club, LLC

Name of Limited Liability Company

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



Individual Agent's Signature / Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Knight Culver
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name