DOC ID ----> 201321800909

| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|---|---|---|---|---|---|---|---|
| 08/06/2013 | 201321800909 | 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.

FLYNN, PY & KRUSE CO., L.P.A.
CARL J KAMM III
165 E WASHINGTON ROW
SANDUSKY, OH 44870

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**2219969**

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

**ZALICECORP, LTD.**

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

| Document(s) | Document No(s): |
|---|---|
| **ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.** | **201321800909** |

**Effective Date: 08/06/2013**

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 6th day of August, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201321800909

Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

**Mail this form to one of the following:**

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

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

2013 AUG -6 AM 10:45

# Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: $125**

**CHECK ONLY ONE (1) BOX**

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: ZaliceCorp, Ltd.

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)**

****Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

DOC ID ----> 201321800909

# ORIGINAL APPOINTMENT OF AGENT

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

ZaliceCorp, Ltd.

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

Carl J. Kamm III

Name of Agent

165 E. Washington Row

Mailing Address

| Sandusky | Ohio | 44870 |
|---|---|---|
| City | State | ZIP Code |

# ACCEPTANCE OF APPOINTMENT

The undersigned, Carl J. Kamm III named herein as the statutory agent

Statutory Agent Name

for ZaliceCorp, Ltd.

Name of Limited Liability Company

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

Statutory Agent Signature

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

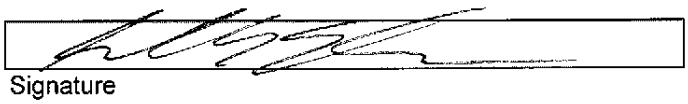
☐ **If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

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)

Carl J. Kamm III
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name