DOC ID ----> 201403700611

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/06/2014	201403700611	DOMESTIC ARTICLES/FOR PROFIT (ARF)	325.00	100.00		.00	.00

Receipt

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

MYCORPORATION
DOCUMENT PROCESSING
23586 CALABASAS ROAD, SUITE 102
CALABASAS, CA 91302

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2265614

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

CIRCLE POINTE INC

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**201403700611**

Effective Date: 02/04/2014

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 February, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201403700611

Form 532A Prescribed by the:
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

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: $125
(113 - ARF)

2014 FEB -4 PM 1:31

First: Name of Corporation: Circle Pointe INC
(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio

11609 River Rd
Mailing Address

Milan | Ohio | 44846
City | State | ZIP Code

Erie
County

Effective Date (Optional): _____ mm/dd/yyyy

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

Third: 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.)

5;500	Common	No par value
Number of Shares	**Type**	**Par Value**

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital

Amount: _____

****Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form.****

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ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Circle Pointe 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

Mark Charville
Name

11609 River Rd
Mailing Address

Milan
City

Ohio
State

44846
Zip Code

Must be signed by the incorporators or a majority of the incorporators

Signature

Signature

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, Mark Charville , named herein as the
Statutory Agent Name

Statutory agent for Circle Pointe INC
Corporation Name

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

Statutory Agent Signature 2/3/14

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 the agent is an Ohio resident.**

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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 the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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

Signature

By

Carri Brown
Print Name

Signature

By

Print Name

Signature

By

Print Name

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