DOC ID ----> 201423201402

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/21/2014	201423201402	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	0.00	0.00	0.00	0.00

Receipt

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

MITIGATION MASTERS, INC.
ATTN: JIM PETROPOULEAS, ESQ.
7912 BROADVIEW ROAD
BROADVIEW HEIGHTS, OH 44147

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2319990

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

MITIGATION MASTERS, INC.

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

Document(s)	Document No(s):
DOMESTIC ARTICLES/FOR PROFIT	**201423201402**

Effective Date: 08/18/2014

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 21st day of August, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201423201402

Form 532A Prescribed by:
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

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

2014 AUG 18 PM 12:14

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

Second: Location of Principal office in Ohio
MAYFIELD HEIGHTS (City) | Ohio (State)
CUYAHOGA (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.)

150	COMMON	
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.****

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of MITIGATION MASTERS, 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

JIM PETROPOULEAS, ESQ.
Name

7912 BROADVIEW ROAD
Mailing Address

BROADVIEW HEIGHTS | Ohio | 44147
City | State | Zip Code

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

Signature

Signature

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, JIM PETROPOULEAS, named herein as the
Statutory Agent Name

Statutory agent for MITIGATION MASTER, INC.
Corporation Name

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

Statutory Agent Signature

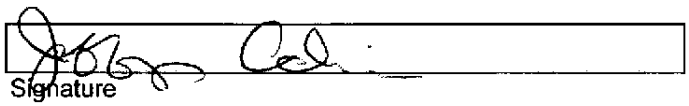
Individual Agent's Signature/Signature on Behalf of Business Serving as Agent

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

INCORPORATOR
By

JEFFREY COLVIN
Print Name

Signature

By

Print Name

Signature

By

Print Name