



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/03/2014	201433601469	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	100.00	0.00	0.00	0.00

Receipt

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

CFD SERVICE COMPANY, INC.
ATTN: PEGGY CROUGH
1300 EAST NINTH ST. 20 FL
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2347223

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

PRE-FIT ACQUISITION LTD.

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

Document(s)

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

Effective Date: 12/01/2014

Document No(s):

201433601469



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
3rd day of December, A.D. 2014.

Ohio Secretary of State

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Date: 12/1/2014 3:52:19 PM



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

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)

2014 DEC -1 PM 3:20

Name of Limited Liability Company **Pre-Fit Acquisition 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.

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ORIGINAL APPOINTMENT OF AGENT

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

Pre-Fit Acquisition 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

CFD Service Co., Inc.; Attn: HOM

Name of Agent

1300 E. 9th St., 20th Fl.

Mailing Address

Cleveland

City

Ohio

State

44114

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CFD Service Co., Inc. named herein as the statutory agent

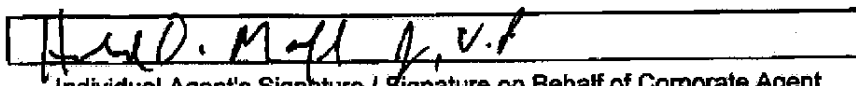
Statutory Agent Name

for Pre-Fit Acquisition 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.

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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

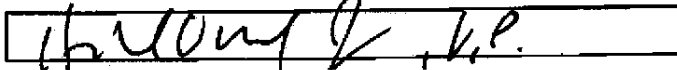
Articles and original appointment of agent must be signed by a member, manager or other representative.

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.

CFD Service Co., Inc.

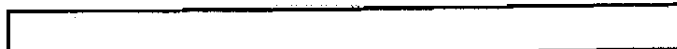
Signature



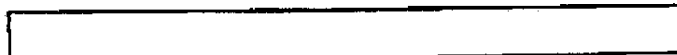
By (if applicable)

Harold O. Maxfield, Jr., Vice President

Print Name



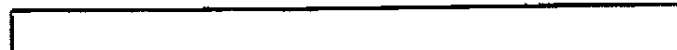
Signature



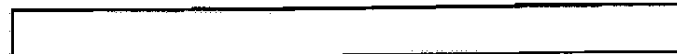
By (if applicable)



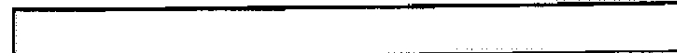
Print Name



Signature



By (if applicable)



Print Name