DOC ID ----> 201510501197

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/16/2015	201510501197	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	125.00	100.00	0.00	0.00	0.00

Receipt

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

MANN & PRESTON, LLP
JAMES L. MANN
39 S. PAINT STREET
CHILLICOTHE, OH 45601

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
2384484

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

STAFF SOURCE, INC.

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT CORP - ARTICLES	**201510501197**

Effective Date: 04/15/2015

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 16th day of April, A.D. 2015.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201510501197

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

2015 APR 15 AM 10:46

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

First: Name of Corporation: Staff Source, Inc.
(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio
Chillicothe (City) Ohio (State)
Ross (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.)

100	Common	None
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

100.00
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

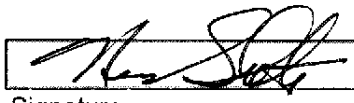
The undersigned, being at least a majority of the incorporators of Staff Source, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Ken Shelton
Name

172 E. Main Street
Mailing Address

Chillicothe — City | Ohio — State | 45601 — Zip Code

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


Signature

Signature

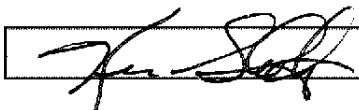
Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, Ken Shelton, named herein as the
Statutory Agent Name

Statutory agent for Staff Source, Inc.
Corporation Name

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

Statutory Agent Signature 

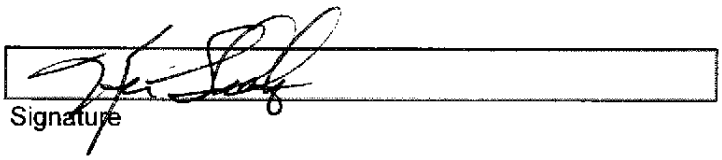
Individual Agent's Signature/Signature on Behalf of Business Serving as Agent

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

By

Ken Shelton
Print Name

Signature

By

Print Name

Signature

By

Print Name