DOC ID ----> 201511301217

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/29/2015	201511301217	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	125.00	0.00	0.00	0.00	0.00

Receipt

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

KATZ TELLER BRANT HILD
255 E FIFTH STREET SUITE 2400
CINCINNATI, US 45202

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2388872

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

EDIS GROUP LLC

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG	**201511301217**

Effective Date: 04/23/2015

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 29th day of April, A.D. 2015.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201511301217

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

Date Electronically Filed: 4/23/2015

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

Name of Limited Liability Company: EDIS GROUP LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd., "or "ltd"

Effective Date **(Optional)**: 4/23/2015 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.

ORIGINAL APPOINTMENT OF AGENT

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

EDIS GROUP LLC

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

CORPORATE STATUTORY SERVICES, INC.

Name of Agent

255 E FIFTH ST STE 2400

Mailing Address

CINCINNATI	OH	45202
City	State	ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CORPORATE STATUTORY SERVICES, INC. named herein as the statutory agent

Statutory Agent Name

for EDIS GROUP LLC

Name of Limited Liability Company

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

Statutory Agent Signature AMY BROWN, ASSISTANT SECRETARY

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 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.

KATZ TELLER BRANT HILD, A LEGAL PROFESSIONAL AS
Signature

AMY BROWN, AUTHORIZED REPRESENTATIVE
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name