



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/24/2015	201526703226	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	99.00	0.00	0.00	0.00	0.00

Receipt

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

JOHNSON OLIVER & HOWARD LPA
POST OFFICE BOX 1505
PORTSMOUTH, OH 45662

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2431348

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

SCHMIDT FAMILY RESTAURANT GROUP, INC.

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

Document(s)

DOMESTIC FOR PROFIT CORP - ARTICLES

Effective Date: 09/24/2015

Document No(s):

201526703226



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
24th day of September, A.D. 2015.

Ohio Secretary of State



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

Date Electronically Filed: 9/24/2015

Initial Articles of Incorporation

(For Profit, Domestic Corporation)

Filing Fee: \$99
(113 - ARF)

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

Second: Location of Principal office in Ohio

PORTSMOUTH	OHIO
City	State
SCIOTO	
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.)

1000	COMMON	0
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 Schmidt Family Restaurant Group, 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

JUSTIN S. SCHMIDT

Name

1735 WALLER STREET

Mailing Address

PORTSMOUTH

City

OHIO

State

45662

Zip Code

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

JUSTIN S. SCHMIDT, INCORPORATOR

Signature

Signature

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned, JUSTIN S. SCHMIDT, named herein as the
Statutory Agent Name

Statutory agent for Schmidt Family Restaurant Group, Inc.
Corporation Name

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

Statutory Agent Signature JUSTIN S. SCHMIDT

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.

JUSTIN S. SCHMIDT, INCORPORATOR

Signature

By

Print Name

Signature

By

Print Name

Signature

By

Print Name