



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/04/2016	201536502170	DOMESTIC FOR PROFIT CORP - ARTICLES (ARF)	100.00	0.00	0.00	0.00	0.00

Receipt

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

SNYDER ACCOUNTING & TAX SVC, LLC
MARSHAE SNYDER
2101 FRONT ST. SUITE 104
CUYAHOGA FALLS, OH 44221

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
3844100

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
PAY HALF CLUB OHIO. INC.

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

Document(s)

DOMESTIC FOR PROFIT CORP - ARTICLES

Effective Date: 12/28/2015

Document No(s):

201536502170



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
4th day of January, A.D. 2016.

Ohio Secretary of State



Form 532A Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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: \$99

(113 - ARF)

Form Must Be Typed

 2015 DEC 28 PM 3:11
 11

First: Name of Corporation **PAY HALF CLUB OHIO, INC.**
 (Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio

STOW	Ohio
City	State
SUMMIT	
County	

Effective Date (Optional) (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)
 mm/dd/yyyy

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	\$1.00
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 **PAY HALF CLUB OHIO, 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

MARSHAE SNYDER

Name

2101 FRONT ST., SUITE 104

Mailing Address

CUYAHOGA FALLS

City

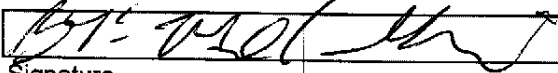
Ohio

State

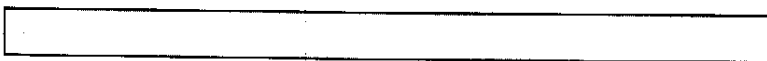
44221

Zip Code

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



Signature



Signature



Signature

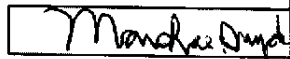
ACCEPTANCE OF APPOINTMENT

The Undersigned, **MARSHAE SNYDER**, named herein as the
Statutory Agent Name

Statutory agent for **PAY HALF CLUB OHIO, 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.

By: *Michael T. Grossi*

Signature

By

Michael T Grossi

Print Name

Signature

By

Print Name

Signature

By

Print Name