DOC ID ----> 201627704602

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|---|---|---|---|---|---|---|---|
| 10/04/2016 | 201627704602 | DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP) | 99.00 | 0.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

JAMES E. PETERS
237 WEST WASHINGTON ROW
2ND FLOOR
SANDUSKY, OH 44870

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Jon Husted

**3946502**

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

**JOIN4 LLC**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG** | **201627704602** |
| **Effective Date: 09/30/2016** | |

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 October, A.D. 2016.

Jon Husted

**Ohio Secretary of State**

DOC ID ----> 201627704602

Form 533A 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

# Articles of Organization for a Domestic Limited Liability Company

## Filing Fee: $99

### Form Must Be Typed

**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)

2016 SEP 30 AM 10 41

Name of Limited Liability Company: JOIN4 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): upon filing of articles
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): perpetual
Period of Existence

Purpose (Optional): any lawful purpose

****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

JOIN4 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

North Coast Corporate Services, Inc.

Name of Agent

237 West Washington Row, 2nd Floor

Mailing Address

| Sandusky | Ohio | 44870 |
|---|---|---|
| City | State | ZIP Code |

# ACCEPTANCE OF APPOINTMENT

The undersigned, North Coast Corporate Services, Inc. named herein as the statutory agent

Statutory Agent Name

for JOIN4 LLC

Name of Limited Liability Company

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

Statutory Agent Signature North Coast Corporate Services, Inc.
By: , President

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

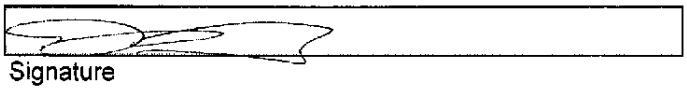
DOC ID ----> 201627704602

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.


Signature

By (if applicable)

James E. Peters, Authorized Representative
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name