



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/31/2016	201630203264	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.

DESIGN IZ MINZ, LLC
ATTN S GRIFFIN
3730 HILDANA RD
CLEVELAND, OH 44120

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
3954409

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

DESIGN IZ MINZ

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG
Effective Date: 10/26/2016

Document No(s):

201630203264



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
31st day of October, A.D. 2016.

Jon Husted
Ohio Secretary of State



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
RECEIVED

OCT 26 2016

SECRETARY OF STATE**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)
Name of Limited Liability Company **Design Iz Minz**

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

 Effective Date **10/3/2016**
 (Optional) 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)
indefinite

Period of Existence

 Purpose
 (Optional)
for any and all lawful activity in the State of Ohio including but not limited to general construction work,**landscaping, and demolition work******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

Design Iz Minz

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

Gary A. Vick, Jr.

Name of Agent

25550 Chagrin Blvd., Suite 101

Mailing Address

Cleveland

City

Ohio

State

44122

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Gary A. Vick, Jr. named herein as the statutory agent

Statutory Agent Name

for Design Iz Minz

Name of Limited Liability Company

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

Statutory Agent Signature

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

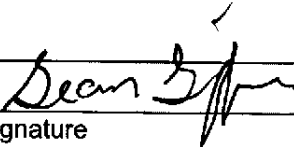
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by 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

MANAGING MEMBER

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name