DOC ID ----> 201701900866

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/24/2017	201701900866	REGISTRATION OF FOREIGN FOR PROFIT LLC (LFP)	99.00	0.00	0.00	0.00	0.00

Receipt

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

BRAY & LONG, PLLC
2820 SELWYN AVE
SUITE 400
CHARLOTTE, NC 28209

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
3981346

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

SCP AAP CHILLICOTHE, LLC

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

Document(s)	Document No(s):
REGISTRATION OF FOREIGN FOR PROFIT LLC	**201701900866**
Effective Date: 01/19/2017	

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 January, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201701900866

Form 533B 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

Registration of a Foreign Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Registration of a Foreign For-Profit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation: NC (State) USA (Country)

Date of Formation: 1/19/2017

(2) ☐ Registration of a Foreign Nonprofit Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation: ( ) (State) ( ) (Country)

Date of Formation: ( )

Name of Limited Liability Company in its jurisdiction of formation

SCP AAP CHILLICOTHE, LLC

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

( )

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

BRAY & LONG, PLLC
Name

2820 SELWYN AVE, SUITE 400
Mailing Address

CHARLOTTE	NC	USA	28209
City	State	Country	ZIP Code

DOC ID ----> 201701900866

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

INCORP SERVICES, INC.

Name

9435 WATERSTONE BOULEVARD SUITE 140

Mailing Address

CINCINNATI	OH	45249
City	State	ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

a. an agent is not appointed, or
b. an agent is appointed but the authority of that agent has been revoked, or
c. the agent cannot be found or served after the exercise of reasonable diligence.

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
Must be signed by an authorized 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.

SCP AAP CHILLICOTHE, LLC
Signature

MATT MALONE
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201701900866

NORTH CAROLINA
Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

SCP AAP CHILLICOTHE, LLC

the original of which was filed in this office on the 19th day of January, 2017.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of January, 2017.

Elaine F. Marshall

Secretary of State

DOC ID ----> 201701900866

SOSID: 1566986
Date Filed: 1/19/2017 9:05:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2017 011 01193

State of North Carolina
Department of the Secretary of State

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: SCP AAP Chillicothe, LLC
(See Item 1of the Instructions for appropriate entity designation)

2. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both. **Note: This document must be signed by all persons listed.)**

Name	Address	Capacity
Brendan G. Dillashaw	2820 Selwyn Avenue, Suite 400 Charlotte, NC 28209	Organizer

3. The name of the initial registered agent is: Brendan G. Dillashaw

4. The street address and county of the initial registered agent office of the limited liability company is:

Number and Street 2820 Selwyn Avenue, Suite 400

City Charlotte State: NC Zip Code: 28209 County: Mecklenburg

5. The mailing address, if different from the street address, of the initial registered agent office is:

Number and Street _____

City _____ State: NC Zip Code: _____ County: _____

6. Principal office information: (Select either a or b.)

a. ☐ The limited liability company has a principal office.

The principal office telephone number: _____

The street address and county of the principal office of the limited liability company is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

DOC ID ----> 201701900866

The mailing address, if different from the street address, of the principal office of the company is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

b. ☒ The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. **(Optional):** Listing of Company Officials (See instructions on the importance of listing the company officials in the creation document.

Name	Title	Business Address

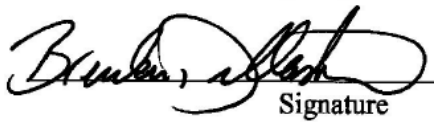
9. **(Optional):** Please provide a business e-mail address: *Privacy Redaction*
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

10. These articles will be effective upon filing, unless a future date is specified:

_____

This is the 11th day of January, 20 17.

SCP AAP Chillicothe, LLC



Signature

Brendang G. Dillashaw, Organizer

Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #2 above.

_____ _____

Signature Signature

_____ _____

Type and Print Name and Title Type and Print Name and Title

NOTE:

1. Filing fee is $125. This document must be filed with the Secretary of State.