DOC ID ----> 201722002554

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/08/2017	201722002554	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

Receipt

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

PELINI, CAMPBELL & WILLIAMS LLC
8040 CLEVELAND AVENUE NW
SUITE 400
NORTH CANTON, OH 44720

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4059540

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

PIVOT STAFFING LLC

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG	**201722002554**

Effective Date: 08/09/2017

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 8th day of August, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201722002554

Form 533A Prescribed by:
Ohio Secretary of State
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: 8/8/2017

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

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: PIVOT STAFFING 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)**: 8/9/2017 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 OR UNTIL PR

Period of Existence

Purpose **(Optional)**: THIS LIMITED LIABILITY COMPANY IS FORMED TO CONDUCT ANY LAWFUL BUSINESS FOR WHICH A LIMITED LIABILITY COMPANY MAY BE FORMED PURSUANT TO THE OHIO REVISED CODE AND ANY APPLICABLE LAW OF THE STATE OF OHIO.

****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

PIVOT STAFFING 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

CRAIG EOFF, ESQ.

Name of Agent

8040 CLEVELAND AVENUE NW, SUITE 400

Mailing Address

N. CANTON	OH	44685
City	State	ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CRAIG EOFF, ESQ. named herein as the statutory agent

Statutory Agent Name

for PIVOT STAFFING LLC

Name of Limited Liability Company

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

Statutory Agent Signature CRAIG EOFF, ESQ.

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.

CRAIG EOFF, ESQ.
Signature

ORGANIZER
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name