DOC ID ----> 201830903596

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/06/2018	201830903596	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	100.00	0.00	0.00

Receipt

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

SIBACY CLINE REALTORS
2476 COMMONS BLVD.
SUITE E
BEAVERCREEK, OH 45431-3808

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
4251864

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

4MY4SONS, LLC

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG **Effective Date: 11/05/2018**	**201830903596**

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 6th day of November, A.D. 2018.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201830903596

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

For screen readers, follow instructions located at this path.

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

2018 NOV -5 AM 11:00

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: 4My4Sons, LLC

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

Optional: Effective Date (MM/DD/YYYY) _____

(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.)

Optional: This limited liability company shall exist for Perpetual
Period of Existence

Optional: Purpose

The purpose for which this limited liability company is formed is to engage in any lawful act or activity for which limited liability companies may be formed under Chapter 1705 of the Revised Code 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. **

DOC ID ----> 201830903596

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

4My4Sons, 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 corporation may be served. The complete address of the agent is:

Terry Blakley

(Name of Statutory Agent)

680 Dayton Yellow Springs

(Mailing Address)

Fairborn	OH	45324
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Terry Blakley, named herein as the

(Name of Statutory Agent)

Statutory agent for 4My4Sons, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature T J Blakley

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

DOC ID ----> 201830903596

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 the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative 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.

Signature

Terry Blakley

By (if applicable)

Terry Blakley

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name