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| 03/21/2019 | 201907902270 | DOMESTIC FOR PROFIT CORP - ARTICLES (ARF) | 99.00 | 0.00 | 0.00 | 0.00 |

**Receipt**

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

ALHASSAN MANSARAY
4076 BURNELL CIRCLE E
COLUMBUS, OH 43224

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose

**4309021**

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

**SCABEDA FINANCIAL SERVICES (SFS) , INC.**

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC FOR PROFIT CORP - ARTICLES** | **201907902270** |

**Effective Date: 03/20/2019**

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 21st day of March, A.D. 2019.

**Ohio Secretary of State**

DOC ID ----> 201907902270

Form 532A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 3/20/2019

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

# Initial Articles of Incorporation

## (For Profit, Domestic Corporation)

## Filing Fee: $99

### (113 - ARF)

### Form Must Be Typed

**First:** Name of Corporation: Scabeda Financial Services (SFS) , Inc.

(Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

**Second:** Location of Principal Office in Ohio

WESTERVILLE — City

OHIO — State

FRANKLIN — County

**Optional:** Effective Date (MM/DD/YYYY): 3/20/2019

(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.)

**Third:** The number of shares which the corporation is authorized to have outstanding.
(Please state if shares are common or preferred and their par value, if any.)

| Number of Shares | Type of Shares | Par Value of Shares |
|---|---|---|
| 100 | COMMON | 0 |

**Fourth:** If the corporation is to have an initial stated capital, please state the amount of that stated capital.

0 — Amount

** Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. **

## Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Scabeda Financial Services (SFS) , Inc.

(Name of Corporation)

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:

ROBERT ACHEAMPONG

(Name of Statutory Agent)

921 EASTWIND DRIVE, UNIT 118

(Mailing Address)

| WESTERVILLE | OH | 43081 |
|---|---|---|
| (Mailing City) | (Mailing State) | (Mailing ZIP Code) |

Must be signed by the incorporators or a majority of the incorporators.

ROBERT ACHEAMPONG

(Signature)

BERVLYN ACHEAMPONG

(Signature)

(Signature)

## Acceptance of Appointment

The Undersigned, ROBERT ACHEAMPONG , named herein as the

(Name of Statutory Agent)

Statutory agent for Scabeda Financial Services (SFS) , Inc.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature ROBERT ACHEAMPONG

(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 the incorporator(s).

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

If the incorporator 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.

ROBERT ACHEAMPONG
Signature

ROBERT ACHEAMPONG
By (if applicable)

Print Name

BERVLYN ACHEAMPONG
Signature

BERVLYN ACHEAMPONG
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name