DOC ID ----> 201912300920

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/03/2019	201912300920	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.

THE SNEIDERMAN LAW FIRM LLC
6001 COCHRAN RD., SUITE 204
SOLON, OH 44139

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4331051

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

PARALLEL SOLUTIONS LLC

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG	**201912300920**

Effective Date: 05/03/2019

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 3rd day of May, A.D. 2019.

Ohio Secretary of State

Form 533A Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 5/3/2019

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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

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: Parallel Solutions 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) 5/3/2019

(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.)

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

Optional: Purpose

** **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 Statutory Agent

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

Parallel Solutions 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:

THE SNEIDERMAN LAW FIRM LLC

(Name of Statutory Agent)

6001 COCHRAN RD., SUITE 204

(Mailing Address)

SOLON | OH | 44139

(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, THE SNEIDERMAN LAW FIRM LLC , named herein as the

(Name of Statutory Agent)

Statutory agent for Parallel Solutions LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature STEVEN H SNEIDERMAN

(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 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.

THE SNEIDERMAN LAW FIRM LLC
Signature

STEVEN H. SNEIDERMAN, ESQ.
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201912300920

Form 590 Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
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File online or for more information: www.OHBusinessCentral.com

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)
Form Must Be Typed

Name of Entity/Individual Giving Consent: Parallel Solutions

Charter/Registration/License Number of Entity giving Consent: 1416890

Gives it Consent To: MaryJo O'Neill and Laura Jaffe

To Use The Name: Parallel Solutions LLC

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

Consent form must be signed by an authorized representative of the consenting entity.

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.

Keith C Sherwin
Signature

By (if applicable)

Keith C Sherwin
Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 201912300920

Form 590 Prescribed by:

OFFICE OF THE
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

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)
Form Must Be Typed

Name of Entity/Individual Giving Consent: Parallel Solutions

Charter/Registration/License Number of Entity giving Consent: 1433328

Gives it Consent To: MaryJo O'Neill and Laura Jaffe

To Use The Name: Parallel Solutions LLC

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.

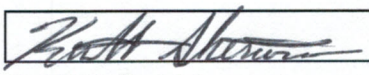
Required

Consent form must be signed by an authorized representative of the consenting entity.

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.

Sherwin Software Solutions, Inc.
Signature


By (if applicable)

Keith Sherwin, President
Print Name

Signature

By (if applicable)

Print Name