| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|---|---|---|---|---|---|---|
| 10/30/2020 | 202030400826 | DOMESTIC FOR PROFIT CORP - ARTICLES (ARF) | 99.00 | 100.00 | 0.00 | 0.00 |

**Receipt**

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

ROGER REYNOLDS
6724 CHERRY LAUREL DR
LIBERTY TWP, OH 45044

# STATE OF OHIO
## CERTIFICATE

### Ohio Secretary of State, Frank LaRose

**4565641**

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

LIBERTY WAY FARMS, INC.

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

| Document(s) | Document No(s): |
|---|---|
| **DOMESTIC FOR PROFIT CORP - ARTICLES** | **202030400826** |

**Effective Date: 10/30/2020**

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 30th day of October, A.D. 2020.

**Ohio Secretary of State**

Form 532A Prescribed by:

Date Electronically Filed: 10/30/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

# Initial Articles of Incorporation

## (For Profit, Domestic Corporation)

## Filing Fee: $99

## (113 - ARF)

## Form Must Be Typed

**First:** Name of Corporation: Liberty Way Farms, Inc.

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

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

City: LIBERTY TOWNSHIP

State: OHIO

County: BUTLER

**Optional:** Effective Date (MM/DD/YYYY): 10/30/2020

(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 |
|---|---|---|
| 10 | COMMON | 0 |

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

Amount: 0

** 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

Liberty Way Farms, 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:

ROGER REYNOLDS

(Name of Statutory Agent)

6724 CHERRY LAUREL DR

(Mailing Address)

| LIBERTY TOWNSHIP | OH | 45044 |
|---|---|---|
| (Mailing City) | (Mailing State) | (Mailing ZIP Code) |

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

ROGER REYNOLDS

(Signature)

(Signature)

(Signature)

## Acceptance of Appointment

The Undersigned, ROGER REYNOLDS, named herein as the

(Name of Statutory Agent)

Statutory agent for Liberty Way Farms, Inc.

(Name of Corporation)

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

Statutory Agent Signature ROGER REYNOLDS

(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.

ROGER REYNOLDS
Signature

ROGER REYNOLDS
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name