DOC ID ----> 202234101354

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/07/2022	202234101354	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.

NADER AND NADER
7011 E MARKET
WARREN, OH 44484

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4964738

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

AARDVARKTAIL, INC.

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

Document(s)	Document No(s):
DOMESTIC FOR PROFIT CORP - ARTICLES	**202234101354**

Effective Date: 12/07/2022

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 7th day of December, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202234101354

Form 532A Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 12/7/2022

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: Aardvarktail, Inc.

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

Second: Location of Principal Office in Ohio

KENT — City

OHIO — State

PORTAGE — County

Optional: Effective Date (MM/DD/YYYY): 12/7/2022

(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

Optional: Purpose:

** 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

Aardvarktail, 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:

JOE CHICOSKI

(Name of Statutory Agent)

7451 WESTLAKE BLVD

(Mailing Address)

KENT | OH | 44240

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

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

JOE CHICOSKI

(Signature)

(Signature)

(Signature)

Acceptance of Appointment

The Undersigned, JOE CHICOSKI , named herein as the

(Name of Statutory Agent)

Statutory agent for Aardvarktail, Inc.

(Name of Corporation)

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

Statutory Agent Signature JOE CHICOSKI

(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.

JOE CHICOSKI
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name