

DATE: 10/11/2002 DOCUMENT ID 200228400868

DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT (ARF)

FILING

EXPED

PENALTY

CERT

COPY

Receipt

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

JAMES L. HAZELRIGG 282 FRANKLIN TOWNHOUSE RD. JACKSON, OH 45640

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1345635

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

HAZELRIGG CONSTRUCTION SERVICES, INC.

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200228400868



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 11th day of October, A.D.

Ohio Secretary of State

Quette Hackingl



www.state.oh.us/sos e-mail: busserv@sos.state.oh.us

Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

| Expedite this Form: (Select One) | | | |
|----------------------------------|-------------------------------------|--|--|
| Mall For | n to one of the Following: | | |
| ○ Yes | PO Box 1390 | | |
| ∪ Yes | Columbus, OH 43216 | | |
| *** Requ | ires an additional fee of \$100 *** | | |

2002 OCT | 1 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit) Filing Fee \$125.00

| THE UNDERSIGNED HEREBY | Y STATES | THE | FOLLOWIN | ١G: |
|------------------------|----------|-----|----------|-----|
|------------------------|----------|-----|----------|-----|

| CHECK ONLY ONE (1) BOX ☐ Articles of Incorporation | (2) Articles of Incorporation | (3) Articles of Incorporation Professional | |
|---|--|--|---|
| Profit | Non-Profit | (170-ARP) | |
| (113-ARF) | (114-ARN) | Profession | |
| ORC 1701 | ORC 1702 | ORC 1785 | _ |
| | | | |
| omplete the general informati | on in this section for the box check | red above. | |
| ame of Corporation | Hazelrigg Construction Services | , Inc. | |
| | Jackson | Jackson | |
| ocation | (City) | (County) | |
| ffective Date | Date specifie | ed can be no more than 90 days after date of filing. | |
| Hective Date | (mm/dd/yyyy) | | |
| Check here if additional p | | | |
| complete the information in this s | ection if box (2) or (3) is checked. Com | pleting this section is optional if box (1) is checked. | |
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| complete the information in this sources for which corporation | section if box (2) or (3) is checked. Com is formed | | |
| complete the information in this services for which corporation | section if box (2) or (3) is checked. Com is formed | ed. | |
| complete the information in this services for which corporation | section if box (2) or (3) is checked. Com is formed his section if box (1) or (3) is checked. | ed. Ive outstanding (Please state if shares are common or | |

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| (Name) | | | _ |
|---|--|-----------------|-----------------------|
| (Street) | NOTE: P.O. Box Addresses are | NOT acceptable. | _ |
| (City) | (State) | (Zip Code) | _ |
| (Name) | | | _ |
| (Street) | NOTE: P.O. Box Addresses are | NOT acceptable. | _ |
| (City) | (State) | (Zip Code) | _ |
| (Name) | | | - |
| (Street) | NOTE: P.O. Box Addresses are | NOT acceptable. | _ |
| (City) | (State) | (Zip Code) | _ |
| REQUIRED e authenticated d) by an authorized entative See Instructions) | Authorized Representative James L. Hazelrigg Print Name | higg | 10 - 1 · 2002 Date |
| e authenticated d) by an authorized entative | James I Hazelrigg | higg | L |
| e authenticated d) by an authorized entative | James L. Hazelrigg Print Name | higg | Date |
| e authenticated d) by an authorized entative | James I Hazelrigg Print Name Authorized Representative | higg | Date |
| e authenticated d) by an authorized entative | James L. Hazelrigg Print Name Authorized Representative Print Name | higg | Date |

200228400868

| Complete the information in ti | his section if box (1) (2) or (3) is checked. | |
|---|---|-------------------------|
| ORIG | INAL APPOINTMENT OF STATUTORY A | GENT |
| The undersigned, being at lea | ast a majority of the incorporators of Hazelrigg Construction Se | -44 |
| hereby appoint the following t | ast a majority of the incorporators of <u>Hazelrigg Construction Se</u> o be statutory agent upon whom any process, notice or demand requ | rvices, Inc. |
| statute to be served upon the | corporation may be served. The complete address of the agent is | ned or permitted by |
| l | , | |
| James L. Hazelrigg | | |
| (Name) 282 Franklin Townho | nues Pood | |
| (Street) | NOTE: P.O. Box Addresses are NOT acceptable. | |
| | | |
| Jackson | ,Ohio45640 | |
| (City) | (Zip Code) | |
| Must be authenticated by an authorized representative | Authorized Representative | 10 · 1 · 100 2 |
| | Authorized Representative | Date |
| | Authorized Representative | Date |
| | ACCEPTANCE OF APPOINTMENT | |
| The Undersigned, | James L. Hazelrigg | _ , named herein as the |
| Statutory agent for, | Hazelrigg Construction Services, Inc. | |
| , hereby acknowledges and ac | cepts the appointment of statutory agent for said entity. Signature: Ames C. Assellings | _ |
| | (Statutory Agent) | |

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