

DATE: 10/28/2003 DOCUMENT ID 200330100990

DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT

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JOHNSON & OLIVER 701 SIXTH STREET STEPHEN L. OLIVER PORTSMOUTH, OH 45662

## STATE OF OHIO

## Ohio Secretary of State, J. Kenneth Blackwell

1419225

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

FLAJOH, INC.

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200330100990



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 24th day of October, A.D.

Ohio Secretary of State

Quette Bachinell



## Prescribed by J. Kenneth Blackwell

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

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

Expedit	e this Form: (Select One)			
Mall For	nto one of the following:			
OYes	PO Box 1390			
	Columbus, OH #3216			
*** Requires an additional fee of \$100 ***				
⊙ No	PO Box 670 Columbus, OH 43216			

## **INITIAL ARTICLES OF INCORPORATION**

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

	OTATEO THE FOL	rilling ree \$125	5.00	10 23 20 20	1:26
THE UNDERSIGNED HEREBY	STATES THE FOL	LOWING:			
(CHECK ONLY ONE (1) BOX)  (1) Articles of Incorporation  Profit	(2) Articles of Inc	corporation	(3) Articles of Incorpo	ration Professional	
(113-ARF) ORC 1701	(114-, ORC	•	Profession ORC 1785		
Complete the general information	n in this section for t	he box checked ab	ove		
FIRST: Name of Corporation	on <u>Fla.</u>	Joh, Inc.			
DEGOND. Cocation	Portsmouth (City)	-	Scioto (County)		
Effective Date (Optional)	oate Filed (mm/dd/yyyy) rovisions are attack	the date must be a d	e no more than 90 days after d late on or after the date of filling	ate of filing. If a date si	pecified 2003 OCT
				Ċ	\(\frac{1}{2}\)
Complete the Information in this sect THIRD: Purpose for which	corporation is forme		ns secuon is optional if box (1)	is checked.	# 8: 0
Complete the information in this	section if box (1) or	(3) is checked.			
FOURTH: The number of sha common or preferred and their		oration is authorize 1500` (No. of Shares)	d to have outstanding (Ple Common (Type)	ase state if shares are \$0.00 (Par Value	

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(Refer to instructions if needed)

Page 1 of 3

Last Revised: May 2002

Comple	ting the information in	this section is optional		
FIFTH:	The following are the	names and addresses of the individuals who	are to serve as initial D	irectors.
	(Name)			_
	(Street)	NOTE: P.O. Box Addresses are NOT a	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)	-
		(print name)		
		Authorized Representative		Date
		(print name)		
		Authorized Representative		Date
		(print name)		
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Complete the information in t	his,section if box (1) (2) or (3) is checke	ed.	
		05 074511700	( A OFAIT
ORIG	INAL APPOINTMENT	OF STATUTORY	AGENI
The undersigned, being at le	ast a majority of the incorporators of	FlaJoh. In	۲.
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	e corporation may be served. The cor	mplete address of the ager	nt is
Michael G. Flaig			
(Name) 2127A Greenbriar	Road		
(Street)	NOTE: P.O. Box Addresses are NOT ac	ceptable.	
Portsmouth	Ohio	45662	
(City)	1/	(Zip Code)	
Must be authenticated by an authorized representative	Authorized Representative	<u></u>	10/21/03 Date
	Authorized Representative		Date
	Authorized Representative  ACCEPTANCE OF	APPOINTMENT	Date
	Michael G. Flaig		
The Undersigned,	Wilchael G. Flaig		, named herein as the
Statutory agent for,	FlaJoh, Inc.		
, hereby acknowledges and	accepts the appointment of statutory Signature: (Statute	ory Agent)	

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