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DESCRIPTION DOMESTIC ARTICLES/PROFESSIONAL (ARP)

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TODD BARTIMOLE, ESQ. 1801 EAST 9TH ST. CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

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

ELDER LAW OFFICE OF TODD W. BARTIMOLE, CO. LPA

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/PROFESSIONAL

200529002596



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 14th day of October, A.D. 2005.

Ohio Secretary of State



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

Expedite this Form: (Select One) Mail Form to one of the Following: PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 *** PO Box 670 O No

INITIAL ARTICLES OF INCORPORATION

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

Columbus, OH 43216

THE UNDE	RSIGNED HEREB	STATES THE FOL	LOWING:			-		
(CHECK C	NLY ONE (1) BOX)				_		
(1) Articl		(2) Articles of Inc Non-Profit	corporation	(3) Articles of II (170-ARP) Profession	ncorporation Professional	The College		
	ORC 1701	ORC	1702	ORC 1785				
Complete th	e general informatio	n in this section for t	the box checked ab	ove.				
FIRST:	Name of Corporati	ion <u>Elde</u> r L	aw Office of Todd	W. Bartimole, Co. Ll	PA			
SECOND:	Location	Beachwood (City)	-	Cuyahog (County)	a			
Effective Da	ate (Optional)	(mm/dd/yyyy)		ee no more than 90 days late on or after the date	s after date of filing. If a date i of filing.	s specified,		
Check h	ere if additional pi	rovisions are attacl	hed					
Complete the THIRD:		tion if box (2) or (3) is a corporation is forme		his section is optional i	f box (1) is checked.			
11	t dipase for which	corporation is forme						
	Corporation is formed to provide legal services to the general population, as well as for							
	any other legal purpose.							
			<u></u>					
				 				
				.				
Complete th	e information in this	section if box (1) or	(3) із спескеа.	J				
FOURTH:	The number of sha	res which the corpo	ration is authorized	to have outstanding	g (Please state if shares a	re		
common or	preferred and their	par value if any)	850	Commo				
(Refer to ins	structions if needed)	ı	(No. of Shares)	(Type)	(Par Vali	ue)		

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Complet	ing the information in	this section is optional		
		names and addresses of the individuals v	who are to serve as initial [Directors.
	(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)	_
(signed) represer	REQUIRED authenticated by an authorized stative ee Instructions)	Authdrized Representative Todd W. Bartimole (Print Name) 3277 Enderby Road Shaker Heights Ohio 44120		/D - 13 - 0C
		Authorized Representative		Date
		(Print Name)		
		Authorized Representative		Date
		(Print Name)		

Complete the information in this	s section if box (1) (2) or (3) is checked.									
ORIGII	NAL APPOINTMENT OF STATUTORY	AGENT								
The undersigned, being at least a majority of the incorporators of Elder Law Office of Todd W. Bartimole, Co. LPA										
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										
Todd W. Bartimole										
(Name)										
3277 Enderby Road										
(Street)	NOTE: P.O. Box Addresses are NOT acceptable.									
Shaker Heights	_ , Ohio 44120									
(City)	(Zip Code)									
Must be authenticated by an authorized representative	I WILL	10-13-05								
	Authorized Representative	Date								
	Authorized Representative	Date								
	Authorized Representative	Date								
ACCEPTANCE OF APPOINTMENT										
The Undersigned,	Todd W. Bartimole	, named herein as the								
Statutory agent for,	Elder Law Office of Todd W. Bartimole, Co. LPA									
hereby acknowledges and acc	cepts the appointment of statutory agent for said entity. Signature:									
, , , , , , , , , , , , , , , , , , , ,	(Statutory Agent)									