

DATE: 03/02/2006

DOCUMENT ID 200606101344

ID DESCRIPTION
44 DOMESTIC

DOMESTIC ARTICLES/PROFESSIONAL (ARP) FILING 125.00 EXPED

PENALTY

CERT

COPY

Receipt

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

ROBERT R. LUCARELLI 1300 E. 9TH STREET SUITE 1202 CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1603953

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

ROBERT R. LUCARELLI CO., LPA

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/PROFESSIONAL

200606101344



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 February, A.D. 2006.

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)			
O Yes	PO Box 1390		
	Columbus, OH 43216		
*** 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

		riiiig ree a	123.00	
				= :
				$\dot{\omega}$
THE UND	ERSIGNED HER	EBY STATES THE FOLLOWING:		 O
(CHECK	ONLY ONE (1) B	ovo		13
(1) Artic	les of Incorporati	on (2) Articles of incorporation	(3) Articles of Incorporation Profes	
Profit		Non-Profit	(170-ARP)	JOIOTIL.
	(113-ARF)	(114-ARN)	Profession Attorney	
	ORC 1701	ORC 1702	ORC 1785	
Complete t	he general inform	ation in this section for the box checke	1 ahova	
Comprete	general milotin	BUON HI BIIS SECTION FOR UNE DOX CHECKE	, above.	
FIRST:	Name of Corpo	ration Robert R. Lucarelli Co	, LPA	
SECOND:	Location	Cleveland	Cuyahoga	
		(City)	(County)	
Effective D	ate (Optional)	Date specified c	an be no more than 90 days after date of filing. If	a date is specified,
		(mm/dd/yyyy) the date must be	a date on or efter the date of filing,	
Check	here if additiona	l provisions are attached		
				
Complete the THIRD:			ng this section is optional if box (1) is checked.	·
iniku:	Purpose for wit	ch corporation is formed		23
	Legal represent	ation of clients and other related purpo	oses.	Ę.;
				<u></u>
	·			24
				-
				<u> </u>
				••

			တ
Complete the information in this section if box (1) or	(3) is checked.		
FOURTH: The number of shares which the corpo	oration is authorized to	have outstanding (Please	state if shares are
common or preferred and their par value if any)	750	Common	No Par
(Refer to instructions if needed)	(No. of Shares)	(Type)	(Par Value)

<AK3:773389_v1>

Page 1 of 3

Last Revised: May 2002

Comple	ting the information in this sect	ioπ is optional		
IFTH:	The following are the names	and addresses of the individuals w	who are to serve as initial D	rirectors.
	Robert R. Lucarelli			
	(Name)			_
	1300 E.9th Street, Suite 1202			-
	(Street)	NOTE: P.O. Box Addresses are N	IOT acceptable.	
	Cleveland	Ohio	44114	
	(City)	(State)	(Zip Code)	-
	(Name)	NOTE: P.O. Box Addresses are N	IOT acceptable.	
	(City)	(State)	(Zip Code)	-
		·		_
	(Name)			
	(Street)	NOTE: P.O. Box Addresses are N	IOT acceptable.	•
	(City)	(State)	(Zip Code)	-

Must be authenticated (signed) by an authorized representative (See Instructions)

Authorized Representative

Robert R. Lucarelli (Print Name)

Authorized Representative

(Print Name)

Authorized Representative Date

(Print Name)

<AK3:773389_v1>

Page 2 of 3

Last Revised: May 2002

. . . .

NAL APPOINTMENT OF STATUTORY	Y AGENT
ast a majority of the incomprators of Robert R. Lucarelli C	in IPA
corporation may be served. The complete address of the age	
uite 1202	
NOTE: P.O. Box Addresses are NOT acceptable.	
Obia 4444	
(2)	
MAN	2/1/56 Date
Authorized Representative	Date
Authorized Representative	Date
ACCEPTANCE OF ARROWSTHEAST	
ACCEPTANCE OF APPOINTMENT	
Robert R. Lucarelli	, named herein as the
Robert R. Lucarelli Co., LPA	1
ccepts the appointment of statutory agent for faid entity.	111
Signature: (Statutory Agent)	
	Authorized Representative Authorized Representative Authorized Representative Authorized Representative ACCEPTANCE OF APPOINTMENT Robert R. Lucarelli Robert R. Lucarelli

<AK3:773389_v1>

Page 3 of 3

العايشي بها الداد المستنسبين

Last Revised: May 2002