

DATE 08/02/2006 DOCUMENT ID 200621302488

DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT (ARF)

FILING

EXPED

PENALTY .00

CERT

COPY

Receipt

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

MICHAEL D LOGUE 16570 JOANN DRIVE MONTVILLE, OH 44064

## STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1638866

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

RANEWEN'S BAKERY, INC.

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200621302488



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 August, A.D. 2006.

Ohio Secretary of State



## Prescribed by J. Kenneth Blackwel

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

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O Yes	PO Box 1390			
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*** Requires an additional fee of \$100 ***				
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## **INITIAL ARTICLES OF INCORPORATION**

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

THE UNDE	RSIGNED HEREB	Y STATES THE FOL	LOWING:		107
(CHECK C	ONLY ONE (1) BOX	n			
(1) Artic Profit	es of Incorporation	(2) Articles of Inc Non-Profit	-ARN)	(3) Articles of Incorporation P (170-ARP) Profession	rofessional
L	ORC 1701	ORC	1702	ORC 1785	
Complete th	e general informatio	on in this section for t	he box checked a	pove.	
FIRST:	Name of Corpora	ion Ranew	en's Bakery, Inc.		
SECOND:	Location	Middlefield		Geauga	
		(City)	-	(County)	
Effective D	ate (Optional)	August 14, 2006 (mm/dd/yyyy)		be no more than 90 days after date of filir date on or after the date of filing.	ng. If a date is specified,
Check I	nere if additional p	rovisions are attac	hed		
Complete the THIRD:		ction if box (2) or (3) is a corporation is forme		this section is optional if box (1) is check	ed.
I HIND.	Fulpose for which	COrporation is forme	<del>s</del> u		
	Establish a retail	oakery			
					<u> </u>
			<del></del>	··	
L					
Complete th	e information in this	section if box (1) or	(3) is checked.		
FOURTH:				ed to have outstanding (Please state	
common or	preferred and their	par value ir any)	(No. of Shares)	Common (Type)	(Par Value)
(Refer to in	structions if needed	1)	, 5. 5. mar (5)	(1),00	, a range,

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Complet	ing the information in (	this section is optional	<del></del>		
	•	names and addresses of the individuals	who are to serve as initial	Directors.	
	Barbara E. Logue		_		
	(Name) 16570 Joann Drive	<del></del>		_	
	(Street)	NOTE: P.O. Box Addresses are	NOT acceptable.	_	
	Montville	04			
	(City)	OH(State)	44064 (Zip Code)	_	
	Michael D. Logue			_	
	(Name) 16570 Joann Drive				
	(Street)	NOTE: P.O. Box Addresses are	NOT acceptable.	_	
	Montrillo	ОН	44064		
	Montville (City)	(State)	44064 (Zip Code)	_	
i	(Name)	<del>U 10.4</del>	-	_	
	(Street)	NOTE: P.O. Box Addresses are	NOTE: P.O. Box Addresses are NOT acceptable.		
	(City)	(State)	(Zip Code)	_	
(signed)	authenticated ) by an authorized ntative nee Instructions)	Authorized Representative  Barkara) E. M. (Print Name)	Aue	7/29/06 Date	
	,	Authorized Representative  Authorized Representative  (Print Name)	JE	7/29/06 Date	
		Authorized Representative		Date	
		(Print Name)			

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Complete the information in thi	s section if box (1) (2) or (3) is checked.	_	
ORIGI	NAL APPOINTMENT O	F STATUTORY	AGENT
The undersigned, being at lea	st a majority of the incorporators of	Ranewen's Bakery, Inc	
	be statutory agent upon whom any p		equired or permitted by
statute to be served upon the	corporation may be served. The comp	plete address of the agent is	5
Michael D. Logue			
(Name)	· <del></del>		
16570 Joann Drive			
(Street)	NOTE: P.O. Box Addresses are NOT accep	table.	
Montville	,Ohio	44064	
(City)	,01110	(Zip Code)	
· ••		,	
Must be authenticated by an authorized representative	Barlara M Authorized Representative	Logice	7/29/06 Days
	Authorized Representative		7/29/06 Date
	Authorized Representative  ACCEPTANCE OF AP	DOINTMENT	Date
	ACCEPTANCE OF API	POINTMENT	
The Undersigned,	Michael D. Logue		, named herein as the
Statutory agent for, , hereby acknowledges and a	Ranewen's Bakery, Inc.	ent for said entity.	
	Signature: (Statutory	Agent)	