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## STATE OF OHIO

## CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1708955

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

CONSUMERCRAFTS, INC.

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/FOR PROFIT

200717302588



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 22nd day of June, A.D. 2007.

Ohio Secretary of State



Prescribed by:

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

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

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## **INITIAL ARTICLES OF INCORPORATION**

(For Domestic Profit or Nonprofit) Filing Fee \$125.00

Strongsville Cuyahoga (City)  Date specified can be no more than 90 days after date of filing. If a date is specified the date must be a date on or after the date of filing.  Check here if additional provisions are attached  Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked. HIRD:  Purpose for which corporation is formed  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3)	THE UNDE	RSIGNED HEREB	Y STATES THE FO	OLLOWING:			
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Complete the general information in this section for the box checked above.  SECOND: Location  Strongsville  (City)  Date specified can be no more than 90 days after date of filling. If a date is specified the date must be a date on or after the date of filling.  Check here if additional provisions are attached  Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked. THIRD:  Purpose for which corporation is formed  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  COURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)  1,500  Common or None  (No. of Shares)  (Type)  (Par Value)	(113-ARF)				Profession	* 3	
Complete the general Information In this section for the box checked above.  FIRST: Name of Corporation  ConsumerCrafts, Inc.  SECOND: Location  Strongsville  (City)  Date specified can be no more than 90 days after date of filling. If a date is specified the date must be a date on or after the date of filling.  Check here if additional provisions are attached  Complete the Information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.  Furpose for which corporation is formed  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  Complete the information in this section if box (1) or (3) is checked.  COURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are ommon or preferred and their par value if any)  (No. of Shares)  (7)pe)  (Par Value)		ORC 1701	ORC 1702		ORC 1785	ര്	
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	(Refer to instructions if needed)				(Type) (Par Vai	lue)	
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532

pleting the information	In this section is optional		
H: The following are	the names and addresses of the individuals who are	to serve as initial	Directors.
(Name)			-
(Street)	NOTE: P.O. Box Addresses are NOT acce	ptable.	
(City)	(State)	(Zip Code)	
(Name)			-
(Street)	NOTE: P.O. Box Addresses are NOT acce	ptable.	-
(City)	(State)	(Zip Code)	_
(Name)			_
(Street)	NOTE: P.O. Box Addresses are NOT acce	ptable.	
(City)	(State)	(Zip Code)	_
	Reminger Service Company, Inc (PrinNick-R. Catanzarite, Vice Preside		
	Authorized Representative  (Print Name)		Date
	Authorized Representative		Date
	(Print Name)		·
	Page 2 of 3		Last Revised: May 20

Complete the information in thi	s section if box (1) (2) or (3) is checked.						
,							
ORIGI	NAL APPOINTMENT OF STATUTOR	RY AGENT					
The undersigned being at least		_					
	st a majority of the incorporators of ConsumerCrafts, Ir be estatutory agent upon whom any process, notice or dema						
	corporation may be served. The complete address of the ag						
Reminger Service Co	omnany ina						
(Name)	impany, inc.	_					
1400 Midland Buildin	g, 101 Prospect Avenue, West						
(Street)	NOTE: P.O. Box Addresses are NOT acceptable.						
Cleveland	, <b>Ohio</b> 44115						
(City)	(Zip Code)	<del></del>					
Must be suithen the start burns							
Must be authenticated by an authorized representative	Mel last	6/20/27					
The state of the s	Authorized Representative	Date					
Reminger Service Company, Inc.							
	Nick R. Catanzarite, Vice President						
	Authorized Representative						
	Authorized Mebresentative	Date					
		<u> </u>					
	Authorized Representative	Date					
	ACCEPTANCE OF APPOINTMENT						
The Undersigned,	Reminger Service Company, Inc.	, named herein as the					
Statutory agent for,	ConsumerCrafts, Inc.	•					
, hereby acknowledges and ac	cepts the appointment of statutory agent for said entity.						
	Signature:						
	(Statutory Agent)	<del></del> :					

Reminger Service Company, Inc. Nick R. Catanzarite, Vice President

532

Page 3 of 3

Last Revised: May 2002