

DATE: 09/05/2008 DOCUMENT ID 200824802642 DESCRIPTION DOMESTIC ARTICLES/FOR PROFIT (ARF) FILING

EXPED 00 PENALTY

CERT

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Receipt

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

KPMB INC. 5779 STONE LAKE DRIVE CENTERVILLE, OH 45429

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1803637

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

KPMB, INC

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

Document(s)

Document No(s):

DOMESTIC ARTICLES/FOR PROFIT

200824802642



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 2nd day of September, A.D. 2008.

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)

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

Expedite this Form: (Select One)				
ALL THE BLOOM	inde college at 600 is			
O Yes	PO Box 1390			
Oies	Columbus, OH 43216			
*** Requ	ires an additional fee of \$100 ***			
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₩ NO	Columbus, OH 43216			

RECEIVED INITIAL ARTICLES OF INCORPORATION

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

SEP 0 2 2008

					SECRETARY OF STATE
THE UNDE	RSIGNED HEREI	BY STATES THE F	OLLOWING:		
(CHECK C	NLY ONE (1) BO	X)			
		(2) Articles of	Incorporation	(3) Articles of Incorpora	ation Professional
Profit		Non-Profit		(1 70-ARP)	
	(113-ARF)		14-ARN)	Profession	
	ORC 1701	OF	RC 1702	ORC 1785	
Complete th	ne general informat	ion in this section fo	or the box checked	above.	
FIRST:	Name of Corpora	ation KPM	B, INC	<u>.</u>	
	•		· 17		
SECOND:	Location	CENTERVILLE (Citv)	_	Montgomery (County)	
		(City)		(County)	
Effective Da	ate (Optional)			n be no more than 90 days after da	
		(mm/dd/yyyy)	the date must be	a date on or after the date of filing.	•
Check I	nere if additional	provisions are atta	ached 		
Complete the	information in this s		is checked. Completin	g this section is optional if box (1)) is checked.
	information in this s	ection if box (2) or (3) i	is checked. Completin	g this section is optional if box (1)) is checked.
Complete the	information in this s	ection if box (2) or (3) i	is checked. Completin	g this section is optional if box (1)	is checked.
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Complete the	information in this s	ection if box (2) or (3) i	is checked. Completin	g this section is optional if box (1)) is checked.
Complete the THIRD:	Information in this s Purpose for whic	ection if box (2) or (3) i	is checked. Completin	g this section is optional if box (1)) is checked.
Complete the THIRD: Complete the Complete the FOURTH:	information in this s Purpose for which	ection if box (2) or (3) in the corporation is form	is checked. Completin med	g this section is optional if box (f)	
Complete the Complete the FOURTH: common or	information in this s Purpose for which purpose	ection if box (2) or (3) in the corporation is form in section if box (1) the corporation if box (1) the corporation if par value if any)	is checked. Completing med or (3) is checked. poration is authoriz	red to have outstanding (Plea	se state if shares are

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Last Revised: May 2002

Complet	ting the information in this section	n is optional		
FIFTH:	The following are the names ar	nd addresses of the individuals	s who are to serve as initial Dire	ectors.
	RAJ KULKARNI			
	(Name)			
6779	5579 STONE LAKE DRIVE			
	(Street)	NOTE: P.O. Box Addresses at	e NOT acceptable.	
	CENTERVILLE	ОН	45429	
	(City)	(State)	(Zip Code)	
	MEHUL PANDYA			
	(Name)			
	3603 MECCA DRIVE			
	(Street)			
	DAYTON	ОН	45431	
	(City)	(State)	(Zip Code)	
	SAJID MALHOTRA			
	(Name)			
	4244 Maxwell Drive			
	(Street)	NOTE: P.O. Box Addresses at		
	Mason	ОН	45040	
	(City)	(State)	(Zip Code)	

REQUIRED

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

Authorized Representative RAJ KULKARNI (Print Name)

August 26, 2008

Authorized Representative

MEHUL PANDYA (Print Name)

August 26, 2008

Date

see L

SAJID MALHOTRA (Print Name)

August 26, 2008 Date

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Last Revised: May 2002

Complet	e the information in thi	s section if box (1) (2) or (3) is checked.						
ORIGINAL APPOINTMENT OF STATUTORY AGENT								
The undersigned, being at least a majority of the incorporators of KPMB, INC								
		be statutory agent upon whom any process, notice or demand requ	ired or permitted by					
statute to be served upon the corporation may be served. The complete address of the agent is								
	RAJ KULKARNI							
	(Name)							
5779	5679 STONE LAKE	DRIVE						
	(Street)	NOTE: P.O. Box Addresses are NOT acceptable.						
	CENTERVILLE	Ohio 45429						
l	(City)	(Zip Code)						
	authenticated by an ed representative	Myl	8126/08					
	· - , - ·	Authorized Representative	Date					
		Authorized Representative	2 6 0 8 Date					
		Authorized Representative ACCEPTANCE OF APPOINTMENT	Date					
The Und	dersigned,	RAJ KULKARNI	_, named herein as the					
	y agent for,	KPMB, INC cepts the appointment of statutory agent for said entity.						
, nereby	auniowieuges allu au	Signature: (Statutory Agent)	_					