



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/01/2008	200827500418	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

**Receipt**

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

BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP  
 ATTN: TIMOTHY J. MCELDFOWNEY  
 3800 EMBASSY PKWY STE 300  
 AKRON, OH 44333

**STATE OF OHIO**  
**CERTIFICATE**  
 Ohio Secretary of State, Jennifer Brunner

1809478

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

**FOREVER YOUNG ENTERPRISES, INC.**

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

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200827500418**



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 30th 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

<b>Expedite this Form:</b> (Select One)	
<b>Mall Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**  
(For Domestic Profit or Nonprofit)  
Filing Fee \$125.00

RECEIVED

SEP 30 2008

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
---	--	--

**Completes the general information in this section for the box checked above.**

**FIRST:** Name of Corporation Forever Young Enterprises, Inc.

**SECOND:** Location Sagamore Hills Summit  
(City) (County)

**Effective Date (Optional)** \_\_\_\_\_ 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.  
(mm/dd/yyyy)

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.**

**FOURTH:** 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)

<u>1,500</u>	<u>Common</u>	<u>No Par</u>
(No. of Shares)	(Type)	(Par Value)

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: 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 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)

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

*James D. Kraus*  
Authorized Representative

09/30/08  
Date

James D. Kraus  
(Print Name)

Authorized Representative

Date

(Print Name)

Authorized Representative

Date

(Print Name)

Complete the information in this 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 Forever Young Enterprises, Inc. 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

BDB Agent Co.  
(Name)  
3800 Embassy Parkway, Suite 300  
(Street) NOTE: P.O. Box Addresses are NOT acceptable  
Akron Ohio 44333  
(City) (Zip Code)

Must be authenticated by an authorized representative

James D. Kraus  
Authorized Representative

09/30/08  
Date

Authorized Representative

Date

Authorized Representative

Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned BDB Agent Co., by James D. Kraus, Asst. Secy., named herein as the

Statutory agent for, Forever Young Enterprises, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity

Signature: James D. Kraus  
(Statutory Agent)



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

RECEIVED

SEP 30 2008

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

SECRETARY OF STATE

**CONSENT FOR USE OF SIMILAR NAME**

(For Domestic / Foreign, Profit or Nonprofit)  
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period**

<input type="checkbox"/> Where consenting entity is a corporation  (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
--	--	---

Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent 1743254

Name of Entity Giving Consent Forever Young Enterprises, LLC

Gives Its Consent To Forever Young Enterprises, Inc.

To Use The Name Forever Young Enterprises, Inc.

**REQUIRED**  
Must be authenticated (signed) by an authorized representative

James D. Kraus Authorized Representative	<i>James D. Kraus</i>	09/30/08 Date
---	-----------------------	------------------

Authorized Representative		Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included