



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/15/2012	201213500613	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00		.00	.00

**Receipt**

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

SKY ZONE  
459 ORANGE POINT DR.  
STE. E  
LEWIS CENTER, OH 43035

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2106649

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

**MAIDEN ODDS, INC.**

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

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**201213500613**



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 8th day of May, A.D.  
2012.

Ohio Secretary of State



Prescribed by:

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

[www.sos.state.oh.us](http://www.sos.state.oh.us)
e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

<b>Expedite this Form:</b> (Select One)	
<b>Mail 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**

APR 30 2012

SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

(1) <input checked="" type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input type="checkbox"/> Articles of Incorporation Nonprofit (114-ARN) ORC 1702	(3) <input type="checkbox"/> Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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**Complete the general information in this section for the box checked above.**

<b>FIRST:</b> Name of Corporation	<u>Maiden Odds, Inc.</u>	
<b>SECOND:</b> Location	<u>Lewis Center</u> (City)	<u>Delaware</u> (County)
Effective Date (Optional)	<u>04/25/2012</u> (mm/dd/yyyy)	
<small>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.</small>		
<input type="checkbox"/> Check here if additional provisions are attached		

2012 MAY 18 AM 2:10

**Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.**

<b>THIRD:</b> Purpose for which corporation is formed

**Complete the information in this section if box (1) or (3) is checked.**

<b>FOURTH:</b> 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>100</u> (No. of Shares)	<u>Preferred</u> (Type)	<u>\$500</u> (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.Laura Ann Knipfer

(Name)

8102 Chateau Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Westerville

(City)

Ohio

(State)

43082

(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)



Authorized Representative

7-25-12

Date

(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 Maiden Odds, 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

Laura Ann Knipfer

(Name)

8102 Chateau Lane

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Westerville

, Ohio

43082

(City)

(Zip Code)

Must be authenticated by an  
authorized representative

  
Authorized Representative

4-25-12  
Date

Authorized Representative

Date

Authorized Representative

Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, Laura Ann Knipfer, named herein as the  
Statutory agent for, Maiden Odds, Inc.  
, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:   
(Statutory Agent)