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DESCRIPTION PROFESSIONAL ASSOCIATION - DOMESTIC ARTICLES (ARP)

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

WAH 14 ARBOR CIRCLE #1424 CINCINNATI, OH 45255

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2128887

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

DESMOND WAH INC.

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

Document(s)

Document No(s):

PROFESSIONAL ASSOCIATION - DOMESTIC ARTICLES

201222900852



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 16th day of August, A.D. 2012.

Ohio Secretary of State

Jon Hustel



## Form 532C Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

#### Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

### **Initial Articles of Incorporation**

(Professional Association, Domestic Corporation)

		Filing Fee: \$125 (170 - ARP)		
First:	Name of Corporation	esmand Wahinc.	F. 6	<u>,</u>
	(Na	me must include the following wor poration, corp., incorporated, or in	o or appreviation: company, co.,	
	Corporation's Profession	medical Dordor		
Second:	Location of Principal office in Ohio	Cinninati Hanilton	Ohio State	
	mm/dd/yyyy the fill that is	gal existence of the corporation bing of the articles or on a later dats not more than ninety days after the corporation is authorized to have a mon or preferred and their par value	e specified iiling) outstanding.	
	Number of Shares	Die James Type	NCW Par Value	
	the corporation is to have an ini	tial stated capital, please state the a	mount of that stated capital	
Incorporation		85 allow for additional provisions b. If including any of these addition	to be included in the Articles of nal provisions, please do so by includ	ing
Form 532C		Page 1 of 3	Last Revised: 3/16/12	,

Doc ID -->

ORIGINAL APPOINTMENT OF STATUTORY AGENT				
The undersigned, being at least a majority of the incorporators of 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				
Desmond Wah				
14 Arbor Circle # 1424 Mailing Address				
City Ohio U5355 State Zip Code				
Must be signed by the Incorporators or a Signature Signature incorporators				
Signature				
Signature				
ACCEPTANCE OF APPOINTMENT				
The Undersigned, Statutory Agent Name , named herein as the				
Statutory agent for Desmand Wah Inc.  Corporation Name				
hereby acknowledges and accepts the appointment of statutory agent for said corporation.				
Statutory Agent Signature  Individual Agent's Signature / Signature on behalf of Corporate Agent				
☐ If the agent is an individual and using a P.O. Box, check this box to confirm the agent is an Ohio resident.				

Form 532C

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Last Revised: 3/16/12

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

#### Required

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the entity must sign in the "By" box and print his/her name in the "Print Name" box.

Signature
Ву
Desmand Wah
THE Name
Signature
Ву
ы
Print Name
Oins to a
Signature
Ву

Form 532C

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Print Name

Last Revised: 3/16/12