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Elaine N. Walker, Secretary of State Received and Filed: 4/18/2011 12:00 AM Fee Receipt: \$90.00

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

business	, for that purpose, submits the follow toration (KRS 271B).	ntity) and 386 the undersigned hereby	professional s	FBE by to transact business in Kentucky ervice corporation (KRS 274). mited liability company (KRS 275).
	Link Ohio, LLC ust be identical to the name on record	with the Secretary of State.)		
3. The name of the entity to be used in	(Only pro	vide if "real name" is unavailable /ATC	for use; otherwise, in	eave blank.)
<ol> <li>The state or country under whose law</li> <li>The date of organization is <u>June 9</u></li> </ol>		and the period of duration is	3	
<ol> <li>The mailing address of the entity's pr</li> </ol>			(If left b is r	lank, the period of duration considered perpetual.)
3303 West Tech Rd	incipal onder a	Miamisburg	Ohio	45342
Street Address		City	State	Zip Code
		,		
7. The street address of the entity's reg		Lawlin méan		40504
828 Lane Allen Road, Suite	9 219	Lexington	KY State	 Zip Code
Street Address (No P.O. Box Numbers)	1.C.C.	City	otate	zih cone
and the name of the registered agent at	that office is <u>InCorp Se</u>	TVICES, INC.		······································
8. The names and business addresses	of the entity's representatives (sec	retary, officers and directors, m	anagers, trustees or	general partners):
				45342
Karen Ravas	3303 West Tech Rd	Miamisburg	Ohio State	Zip Code
Name	Street or P.O. Box	City	Ohio	45342
Tom Anacker	3303 West Tech Rd	Miamisburg		Zip Code
Name	Street or P.O. Box	City	State	45342
Steve Cousins	3303 West Tech Rd	Miamisburg	Ohio	Zip Code
Name	Street or P.O. Box	City	State	21p Code
<ol> <li>If a professional service corporation, and treasurer are licensed in one or mo statement of purposes of the corporatio</li> </ol>	re states or territories of the United	less than one half (1/2) of the d States or District of Columbia t	irectors, and all of the original original of the original origi	ne officers other than the secretary anal service described in the
10. I certify that, as of the date of filing t	this application, the above-named e	ntity validly exists under the lav	vs of the jurisdiction	of its formation.
11. If a limited partnership, it elects to				
12. This application will be effective upo The effective date or the delayed effect	on filing, unless a delayed effective ive date cannot be prior to the date	date and/or time is provided. the application is filed. The da	te and/or time is	elayed effective date and/or time)
JANR. XAMINA	K K	aren Ravas, Presider	nt 4/	14/2011
Signature of Authorized Representative		Printed Name & Title		Date
InCorp Services, Inc		consent to serve as the registe	ered agent on behal	f of the business entity.
(A)L .	of In Corp Services, Inc. L. Printed Name	indsay Lawai A	uthorized A	D <u>rSon 4/15/2011</u> Date
(01/11)				