



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/15/2008	200810502934	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

HEMMER PANGBURN DEFRANK PLLC
SUITE 200
250 GRANDVIEW DRIVE
FT. MITCHELL, KY 41017

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1773242

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

CITY STUDIOS ARCHITECTURE, LLC

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):

200810502934

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 25th day of March, A.D.
2008.

Ohio Secretary of State



www.sos.state.oh.us

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

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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<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

ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 _____ (Date of Formation) (State)
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Complete the general information in this section for the box checked above.Name City Studios Architecture, LLC☐ Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

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

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified,
(mm/dd/yyyy) the date must be a date on or after the date of filing.

This limited liability company shall exist for _____
(Optional) (Period of existence)

Purpose _____
(Optional) _____

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws
of this limited liability company is

(Optional) _____
(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) is checked Cont.**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member, manager or representative of

City Studios Architecture, LLC

(name of limited liability company)

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 limited liability company may be served. The name and address of the agent is:

Scott R. Thomas, Attorney at Law

(Name of Agent)

989 Woodcreek Drive

(Street)

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


(City)

Ohio

(State)

45150

(Zip Code)

Must be authenticated by an
authorized representativeAuthorized Representative
Brian C. Dunham, Organizer3/24/08

Date



Authorized Representative



Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

City Studios Architecture, LLC

(name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.



(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

