



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/08/2004	200425202012	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

Receipt

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

KEMP, SCHAEFFER, ROWE & LARDIERE CO, LPA
88 WEST MOUND STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1486622

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

PARR PUBLIC SAFETY EQUIPMENT, INC.

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

Document(s)

DOMESTIC ARTICLES/FOR PROFIT

Document No(s):

200425202012



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 1st day of September,
A.D. 2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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

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 type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

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 Non-Profit (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.

FIRST: Name of Corporation Parr Public Safety Equipment, Inc.

SECOND: Location Grove City Franklin
(City) (County)

Effective Date (Optional) 9/1/2004 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

The sale of emergency vehicle equipment

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)

750 Common No par value
(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.

Sheri L. Parr

(Name) 5380 Lambert Road

(Street) NOTE: P.O. Box Addresses are NOT acceptable. Grove City Ohio 43123 (City) (State) (Zip Code)

Thomas A. Parr

(Name) 5380 Lambert Road

(Street) NOTE: P.O. Box Addresses are NOT acceptable. Grove City Ohio 43123 (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)

[Signature of Sheri L. Parr]

Authorized Representative Sheri L. Parr

(print name)

[Date: 8-26-04]

Date

[Signature of Thomas A. Parr]

Authorized Representative Thomas A. Parr

(print name)

[Date: 8-26-04]

Date

[Empty Signature Box]

Authorized Representative

(print name)

[Empty Date Box]

Date

