

07/23/2018

DOCUMENT ID 201820402734

DOMESTIC NONPROFIT LLC - ARTICLES OF ORG (LCN)

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SQUIRE PATTON BOGGS (US) LLP 2000 HUNTINGTON CENTER 41 SOUTH HIGH STREET COLUMBUS, OH 43215-6197

# STATE OF OHIO CERTIFICATE

## **Ohio Secretary of State, Jon Husted** 4212222

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

SMART COLUMBUS, LLC

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

Document(s)

Document No(s):

DOMESTIC NONPROFIT LLC - ARTICLES OF ORG

201820402734

Effective Date: 07/23/2018



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 23rd day of July, A.D. 2018.

Jon Hustel **Ohio Secretary of State**  Form 533A Prescribed by:



Date Electronically Filed: 7/23/2018

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov | bussery@OhioSecretaryofState.gov

www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path

# Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

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

be provided. \*\*

	es of Organization for Domestic rofit Limited Liability Company LCA)	(2) Articles of Organization for Domestic  Nonprofit Limited Liability Company (115-LCA)			
Name of Limi		me must include one of the following words or abbreviations:			
Optional:	"limit Effective Date (MM/DD/YYYY) 7/23/2018	(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)			
Optional:	This limited liability company shall exist f	For Period of Existence			
Optional:	Purpose				
	onprofit LLCs	us. Filing with our office is not sufficient to obtain state or federal tax			

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exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause

Original Appointment of Statutory Agent											
The undersigned authorized member(s), manager(s) or representative(s) of											
SMART COLUM	BUS, LL	.C									
			(Na	ame of Limited Lia	ability Company)						
					any process, notic complete address		uired	or permitted by			
CT CORPOR	RATION	SYSTEM									
(Name of Statute	ory Agent)	)									
4400 EASTO	4400 EASTON COMMONS WAY, SUITE 125										
(Mailing Address	s)										
COLUMBUS						ОН		43219			
(Mailing City)	(Mailing City)							(Mailing ZIP Code)			
			Acce	ptance of A	Appointment						
The Undersigned,	ст со	CT CORPORATION SYSTEM					] na	med herein as the			
The Chaoloighou,		of Statutory Age					<u> </u>				
Statutory agent for	SMAR	T COLUMBI	JS, LLC								
ciatatory agoni io.	(Name o	of Limited Liabili	ity Company)								
hereby acknowledge		accepts the a	appointment	of statutory a	gent for said limite	ed liability compa	ny.				
Statutory Agent Signature JAMES M. HALPIN, ASSISTANT SECRETARY											
	(	(Individual Ager	nt's Signature /	Signature on Beh	half of Business Serving	g as Agent)					

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 ROBERT WARD, AUTHORIZED REPRESENTATIVE Signature Articles and original appointment of agent must be signed by a member, manager or other representative. By (if applicable) If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name Print Name in the "Print Name" box. If the authorized representative is a business entity, not an individual, then please print the entity name in the Signature "signature" box, an authorized representative of the business entity must sign in the "By" box By (if applicable) and print his/her name and title/authority in the "Print Name" box. **Print Name** Signature By (if applicable)

**Print Name**