



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/23/2009	200932700136	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00	.00	.00	.00

**Receipt**

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

ISAAC BRANT LEDMAN & TEETOR LLP  
250 E BROAD ST  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1897210

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

**NEW RIVER GROUP, LLC**

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

Document(s)

**ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.**

Document No(s):

**200932700136**



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 20th day of November,  
A.D. 2009.

Ohio Secretary of State



**Form 533A Prescribed by the:  
Ohio Secretary of State**

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

www.sos.state.oh.us  
Busserv@sos.state.oh.us

**Expedite this form: (select one)**  
Mail form to one of the following:

- Expedite PO Box 1390  
Columbus, OH 43216  
**\*\*\* Requires an additional fee of \$100 \*\*\***
- Non Expedite PO Box 670  
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC  
LIMITED LIABILITY COMPANY  
Filing Fee: \$125.00**

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

<p><b>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705</b></p>	<p><b>(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705</b></p>
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Name of limited liability company

**New River Group, LLC**

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd"

Effective Date \_\_\_\_\_ (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)  
(Optional) mm/dd/yyyy

This limited liability company shall exist for \_\_\_\_\_  
(Optional) Period of Existence

Purpose  
(Optional)

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Check here if additional provisions are attached

2009 NOV 20 PM 3:17  
 CLERK SECRETARY OF STATE

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

New River Group, 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

Shamus Cassidy, Esq.

Name of Agent

250 East Broad Street, Ste. 900

Mailing Address

Columbus

City

Ohio

State

43215

Zip Code

If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

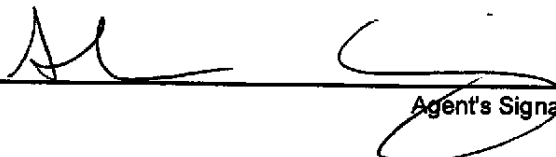
### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

New River Group, LLC

Name of Limited Liability Company

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

  
Agent's Signature

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 on behalf of the limited liability company identified above.

**REQUIRED**

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.

  
\_\_\_\_\_  
Signature

11/19/09  
Date

Shamus B. Cassidy, Esq.  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(See Instructions Below)