

WM

INDIANA SECRETARY OF STATE
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**APPLICATION FOR CERTIFICATE OF AUTHORITY
OF A FOREIGN LIMITED LIABILITY COMPANY**

State Form 48464 (M 1-1-12)
Approved by State Board of Accountants 2007
Indiana Code 23-18-11.4 et seq

CONNIE LAWSON
SECRETARY OF STATE
Mail to the following address:
BUSINESS SERVICES DIVISION
302 W Washington Street, Room 601-B
Indianapolis, Indiana 46204-2700
Telephone (317) 232-6576
www.sos.in.gov

- NOTES**
- 1 An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.
 - 2 A Registered Agent with an Indiana street address (not a P-O BOX) must be listed in ARTICLE II.

Filing Fee: \$ 90.00
Make check or money order
payable to Secretary of State

- INSTRUCTIONS**
- 1 Use 8-1/2" x 11" white paper for attachments.
 - 2 Present original and one (1) copy to the address on upper right corner of this form.
 - 3 Please TYPE or PRINT.
 - 4 Please visit our office on the web at www.sos.in.gov.

**APPLICATION FOR CERTIFICATE OF AUTHORITY
OF**

Bajco 100, LLC
A FOREIGN LLC
TO TRANSACT BUSINESS IN THE STATE OF INDIANA

**APPROVED
AND
FILED**
Connie Lawson
IND SECRETARY OF STATE
LLC

The undersigned manager or member of the above _____ Ohio _____
(State of Domicile)

desiring to effectuate the admittance of the LLC to transact business in the State of Indiana under the name of
Bajco 100, LLC certifies the following facts

(If using a fictitious business name, please specify the name above.)

ARTICLE I: NAME AND PRINCIPAL OFFICE

Name of LLC (This must be identical to name shown in Articles of Organization and Amendments thereto)
Bajco 100, LLC

Address of the principal office of LLC (number and street, city, state, and ZIP code)
404 Vienne Ave Niles, OH 44448

ARTICLE II: REGISTERED OFFICE AND REGISTERED AGENT

Name of the registered agent of the LLC
Registered Agent Solutions, Inc

Indiana address of the registered office of LLC (number and street, city, state, and ZIP code)
758 N. Main Street Suite K Crown Point, IN 46307

ARTICLE III: DATE OF ORGANIZATION AND DURATION OF EXISTENCE

Date of organization in domiciliary state (month, day, year)
August 16, 2012

Expected period of duration, listed in the Articles of Organization (month, day, year, or perpetual)
Perpetual

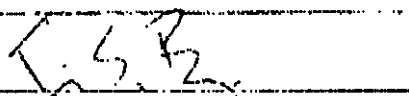
ARTICLE IV: MANAGEMENT

The Articles of Organization state that the LLC is to be managed by its members

The Articles of Organization provide for a manager or managers

In witness whereof, the undersigned being the MEMBER of said LLC executes this
(Manager or member)

Application for Certificate of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this
5th day of September, 2012

Signature  Printed name **FAIZAL S. BAJWA**

2012 SEP 10 PM 07:20

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BAJCO 100, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2129665, was organized within the State of Ohio on August 16, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 7th day of September, A.D. 2012*

Jon Husted

Ohio Secretary of State

Validation Number: V2012250S46BDB

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF AUTHORITY

of

BAJCO 100, LLC

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Ohio Foreign Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

Indiana Secretary of State
Packet: 2012091100530
Filing Date: 09/10/2012
Effective Date: 09/10/2012

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, September 10, 2012.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 10, 2012.



Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

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