



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/06/2014	201406402126	ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP)	125.00	.00		.00	.00

**Receipt**

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

UNISEARCH, INC. ATTN AMY AARON  
4694 CEMETERY RD  
PMB 217  
HILLIARD, OH 43026

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**2274356**

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

**BAJCO IDQ, LLC**

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

Document(s)

Document No(s):

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

**201406402126**

**Effective Date: 03/03/2014**



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 6th day of March, A.D.  
2014.

*Jon Husted*

Ohio Secretary of State



Form 533A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3810  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

### Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1)  Articles of Organization for Domestic  
For-Profit Limited Liability Company  
(116-LCA)

(2)  Articles of Organization for Domestic  
Nonprofit Limited Liability Company  
(116-LCA)

Name of Limited Liability Company

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

Effective Date   
(Optional) mm/dd/yyyy

(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)

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

Purpose (Optional)

**\*\*Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax 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 be provided.

RECEIVED  
SECRETARY OF STATE  
2014 MAR -3 AM 10:00  
CLIENT SERVICE CENTER

### ORIGINAL APPOINTMENT OF AGENT

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

Bajco IDQ, 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

Faisal Bajwa

Name of Agent

3695 B Boardman-Canfield Rd., Suite 200

Mailing Address

Canfield

City

Ohio

State

44406

ZIP Code

### ACCEPTANCE OF APPOINTMENT

The undersigned, Faisal Bajwa named herein as the statutory agent  
Statutory Agent Name

for Bajco IDQ, LLC

Name of Limited Liability Company

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

Statutory Agent Signature

F. Bajwa \*

Individual Agent's Signature / Signature on Behalf of Corporate Agent

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

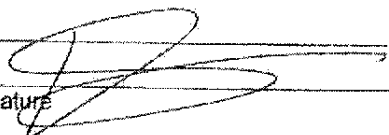
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative


If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Kathleen L. Sain, Esq  
Print Name


  
Signature

  
By (if applicable)

  
Print Name

  
Signature

  
By (if applicable)

  
Print Name