



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/13/2008	200813301062	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

**Receipt**

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

UNISEARCH, INC.  
PMB 232  
2545 HILLIARD-ROME ROAD  
HILLIARD, OH 43026

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jennifer Brunner**

1779585

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

**BAJCO MICHIANA II, LLC**

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

Document(s)  
**ARTICLES OF ORGANIZATION/DOM. LLC**

Document No(s):  
**200813301062**



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 8th day of May, A.D.  
2008.

Ohio Secretary of State



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

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

Expedite this Form: (Select One)	
<input checked="" type="checkbox"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="checkbox"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF  
LIMITED LIABILITY COMPANY**  
(Domestic or Foreign)  
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

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

<p>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705</p>	<p>(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (108-LFA) ORC 1705</p>
(Date of Formation)	(State)

Complete the general information in this section for the box checked above.

Name Bajco Michiana II, LLC

Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd., L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) immediately 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)

This limited liability company shall exist for Perpetual (Period of existence)

Purpose (Optional) To own and operate Papa John's pizza restaurant franchises

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional) Kathleen L. Sain, Esq.  
(Name)  
404 Vienna Avenue  
(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Niles Ohio 44446  
(City) (State) (Zip Code)

FROM

(THU) MAY 8 2008 12:36/ST. 12:36/No. 6874450119 P 1

Complete the information in this section if box (1) is checked Cont.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Bajco Michiana II, 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:

Kathleen L. Sain, Esq.

(Name of Agent)

404 Vienna Avenue

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Niles

(City)

Ohio

(State)

44446

(Zip Code)

Must be authenticated by an authorized representative

  
Authorized Representative

5/8/08  
Date

Authorized Representative

Date

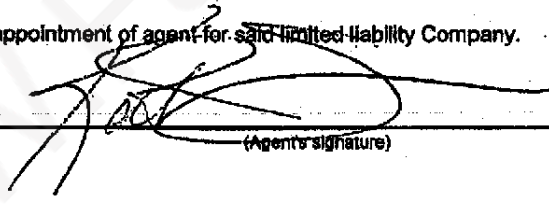
### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Bajco Michiana II, LLC

(name of limited liability company)

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

  
(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

\_\_\_\_\_

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name)

(Street) NOTE: P.O. Box Addresses are NOT acceptable.

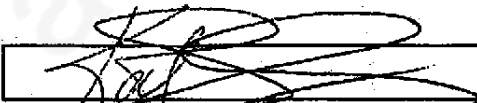
(City) Ohio (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**

Must be authenticated (signed) by an authorized representative (See Instructions)

	
Authorized Representative	Date

(Print Name)

\_\_\_\_\_

\_\_\_\_\_

Authorized Representative	Date

(Print Name)

\_\_\_\_\_

\_\_\_\_\_