

State of Indiana
Office of the Secretary of State

Certified Copies

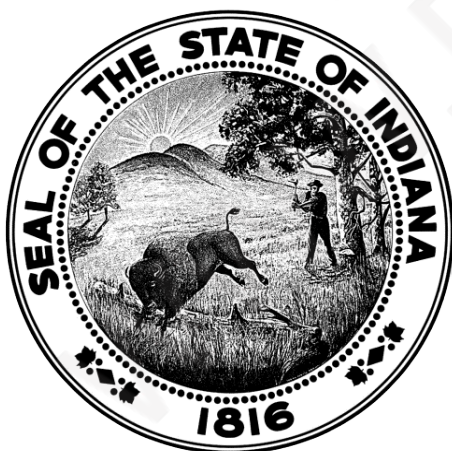
To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 6 page document consisting of the following records filed in this office:

Certification Date: July 24, 2020
Business Name: BAJCO MICHIANA IV, LLC
Business ID: 201609191159048

Transaction	Date Filed	No. of pages
Application for Certificate of Authority	09/19/2016	6
Total No. of pages		6



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 24, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201609191159048 / 12927651

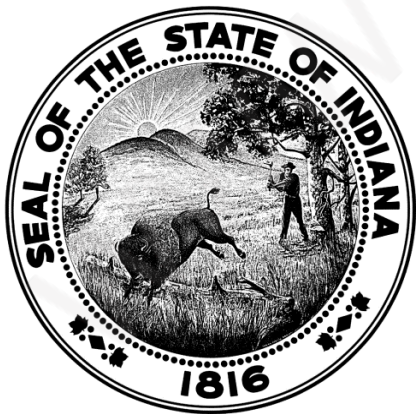
All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 23, 2020.

State of Indiana
Office of the Secretary of State
Certificate of Authority
of
BAJCO MICHIANA IV, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that an Application for Certificate of Authority of the above Foreign Limited Liability Company 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.

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, September 19, 2016.



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 19, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201609191159048 / 7398509

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPLICATION FOR CERTIFICATE OF AUTHORITY

Formed pursuant to the provisions of the Indiana Business Flexibility Act

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 201609191159048
BUSINESS TYPE Foreign Limited Liability Company
BUSINESS NAME Bajco Michiana IV, LLC
PRINCIPAL OFFICE ADDRESS 3695 B Boardman-Canfield Road, Suite 200, Canfield, OH, 44406, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

NAME REGISTERED AGENT SOLUTIONS, INC.
ADDRESS 120 E MARKET STREET, STE 808, INDIANAPOLIS, IN, 46204, USA

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual
EFFECTIVE DATE 09/19/2016

ARTICLE IV - PRINCIPAL(S)

No Principal on record.

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S) Yes

ARTICLE V - FOREIGN BUSINESS DETAILS

Domicile Formation Date 08/08/2016
DOMICILE COUNTRY USA
DOMICILE STATE OH

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
09/19/2016 01:48 PM

SIGNATURE

THE SIGNATOR(S) REPRESENTS THAT THE REGISTERED AGENT NAMED IN THE APPLICATION HAS CONSENTED TO THE APPOINTMENT OF REGISTERED AGENT.

THE UNDERSIGNED MANAGER OR MEMBER DESIRES TO EFFECTUATE THE ADMITTANCE OF THIS LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF INDIANA PURSUANT TO THE INDIANA BUSINESS FLEXIBILITY ACT.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **September 19, 2016**

SIGNATURE

Faisal Bajwa

TITLE

Member

Business ID : 201609191159048
Filing No. : 7398509

www.FactFocus.com



**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN LIMITED LIABILITY COMPANY**

State Form 49464 (R7 / 6-16)
Approved by State Board of Accounts, 2016

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8 1/2"x11 white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office at www.sos.in.gov
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

REQUIREMENTS: Applicant must submit a certificate of existence issued by the proper authority within the last sixty (60) days.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business Bajco Michiana IV, LLC
E-mail address of business (SOS use only) bajco1lc@yahoo.com

RETURN DOCUMENTS TO:

Name Christopher J. Albert		
Street address, line 1 2559A Brandt School Road, Suite 201		
Street address, line 2		
City Wexford	State PA	ZIP code 15090
Telephone number (724) 933-3100	E-mail address (If different from above - SOS use only) chris@sainlaw.com	





**APPLICATION FOR CERTIFICATE OF AUTHORITY
 FOREIGN LIMITED LIABILITY COMPANY**
 State Form 49464 (R7 / 6-16)
 Approved by State Board of Accounts, 2016

Indiana Code 23-18-11-4
 23-18-12-3

FILING FEE: \$125.00

APPLICATION FOR CERTIFICATE OF AUTHORITY OF

Bajco Michiana IV, LLC

The undersigned manager or member desiring to effectuate the admittance of the above Limited Liability Company (LLC) to transact business in the State of Indiana, certifies the following facts:

ARTICLE I - NAME AND PRINCIPAL OFFICE

Fictitious Name (Only used if name in the application is not available in Indiana.)

Address of Principal Office (number and street)

3695 B Boardman-Canfield Road, Suite 200

City

Canfield

State

Ohio

ZIP code

44406

ARTICLE II - REGISTERED OFFICE AND AGENT

Name of Registered Agent (Cannot be the organization itself.)

Cb Registered Agent Solutions, Inc.

Address of Registered Office (number and street or building - PO box not accepted)

120 East Market Street, Suite 808

City

Indianapolis

State

IN

ZIP code

46204

Required:

- By checking the box, the Signator(s) represent(s) that the Registered Agent named in the application has consented to the appointment of Registered Agent.

ARTICLE III - DATE OF ORGANIZATION AND DURATION OF EXISTENCE

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

August 8, 2016

State of organization

Ohio

The LLC is perpetual until dissolution.

OR

The latest date upon which the LLC is to dissolve (month, day, year): _____

ARTICLE IV - MANAGEMENT

The LLC will be managed by its manager or managers.

Yes

No

The LLC will be a single member LLC (optional).

In witness whereof, the undersigned being the Managing 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 12th day of September, 20 16.

Signature

I.S.B.

Printed name

Faisal Bajwa

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 MICHIANA IV, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3928063, was organized within the State of Ohio on August 8, 2016, 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 19th day of September, A.D. 2016.

Jon Husted

Ohio Secretary of State

Validation Number: 201626301394