



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/21/2008	200805101684	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

SAIN LAW, LLC
12703 PERRY HIGHWAY
SUITE A
WEXFORD, PA 15090

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1759019

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

BAJCO MICHIANA, LLC

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

Document(s)
ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s):
200805101684



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 11th day of February,
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)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> 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)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
(Date of Formation)	(State)

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

Name Bajco Michiana, 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
(Optional) (Period of existence)

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

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) Nadeem S. Bajwa
(Name)
404 Vienna Avenue
(Street)

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

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

RECEIVED FEB 11 PM 2:25

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)

 (Signature)

1-31-08
 Date

Authorized Representative

Nadeem S. Bajwa

(Print Name)

 (Signature)

 Date

Authorized Representative

(Print Name)