



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/04/2008	200821402868	DOMESTIC ARTICLES/FOR PROFIT (ARF)	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

1796566

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

BAJCO ONTARIO, INC.

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

Document(s)
DOMESTIC ARTICLES/FOR PROFIT

Document No(s):
200821402868



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 28th day of July, A.D.
 2008.

Ohio Secretary of State



Prescribed by:

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

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

Expedite this Form: (Select One)

<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

2008 JUL 29 PM 2:55

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input type="checkbox"/> (2) Articles of Incorporation Nonprofit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
---------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

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

FIRST: Name of Corporation Bajco Ontario, Inc.

SECOND: Location 404 Vienna Ave Trumbull
(City) (County)

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)

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed
To operate Papa Johns pizza restaurants

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

<u>1000</u> <small>(No. of Shares)</small>	<u>common</u> <small>(Type)</small>	<u>\$ 1.00</u> <small>(Par Value)</small>
-----------------------------------------------	----------------------------------------	----------------------------------------------

(Refer to instructions if needed)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

(Name)

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

(City) (State) (Zip Code)

(Name)

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

(City) (State) (Zip Code)

(Name)

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

(City) (State) (Zip Code)

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

Authorized Representative

Nadeem S. Bajwa
(print name)

404 Vienna Ave.

Niles, OH 44446

Date

Authorized Representative

(print name)

Date

Authorized Representative

(print name)

Date

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Bajco Ontario, Inc. 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 corporation may be served. The complete address of the agent is

Nadeem S. Bajwa
(Name)
404 Vienna Ave.
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

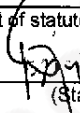
Niles, Ohio 44446
(City) (Zip Code)

Must be authenticated by an authorized representative

<input type="text"/>	<input type="text"/>
Authorized Representative	Date
<input type="text"/>	<input type="text"/>
Authorized Representative	Date
<input type="text"/>	<input type="text"/>
Authorized Representative	Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Nadeem S. Bajwa, named herein as the Statutory agent for, Bajco Ontario, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: 
(Statutory Agent)