

State of Indiana  
Office of the Secretary of State

Certified Copies

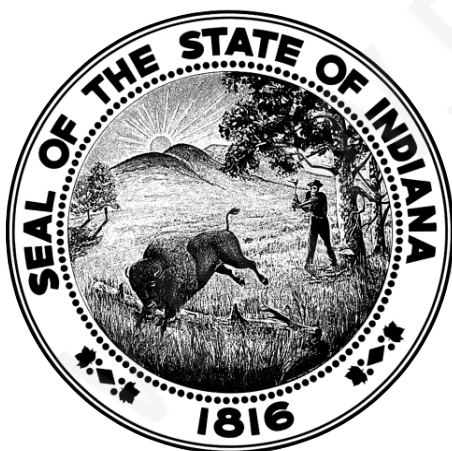
To Whom These Presents Come, Greeting:

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 REAL VENTURE III, LLC  
Business ID: 201609191159098

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

201609191159098 / 12927669

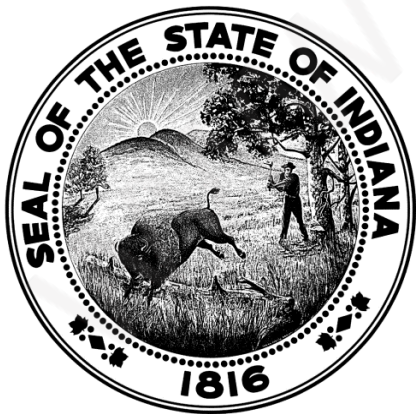
All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 23, 2020.

State of Indiana  
Office of the Secretary of State  
Certificate of Authority  
of  
**BAJCO REAL VENTURE III, 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

201609191159098 / 7398710

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** 201609191159098  
**BUSINESS TYPE** Foreign Limited Liability Company  
**BUSINESS NAME** Bajco Real Venture III, 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** 08/11/2016  
**DOMICILE COUNTRY** USA  
**DOMICILE STATE** OH

**APPROVED AND FILED**  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
09/19/2016 03:26 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 : 201609191159098

Filing No. : 7398710

www.FactFocus.com



**APPLICATION FOR CERTIFICATE OF AUTHORITY  
 FOREIGN LIMITED LIABILITY COMPANY**  
 State Form 49404 (R7 / 8-16)  
 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 Real Venture III, 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)	City	State	ZIP code
3695 B Boardman-Canfield Road, Suite 200	Canfield	Ohio	44406

**ARTICLE II - REGISTERED OFFICE AND AGENT**

Name of Registered Agent (Cannot be the organization itself.)  
c/o Registered Agent Solutions, Inc.

Address of Registered Office (number and street or building - PO box not accepted)	City	State	ZIP code
120 East Market Street, Suite 808	Indianapolis	IN	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)	State of organization
August 11, 2016	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 Faisal Bajwa 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 12<sup>th</sup> day of September, 2016.

Signature	Printed name
<u>I.S.B.</u>	Faisal Bajwa



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

State Form 49464 (R7 / 8-16)  
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](http://www.sos.in.gov)

- INSTRUCTIONS:**
1. Use 8 1/2 x 11 white paper for attachments.
  2. Please **TYPE** or **PRINT in INK**.
  3. Please visit our office at [www.sos.in.gov](http://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 Real Venture III, LLC
E-mail address of business (SOS use only) bajcolc@yahoo.com

**RETURN DOCUMENTS TO:**

Name Christopher 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@samlaw.com	





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 REAL VENTURE III, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3929551, was organized within the State of Ohio on August 11, 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: 201626301268**