



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/04/2018	201812301986	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

### Receipt

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

SAIN LAW, LLC  
 2559A BRANDT SCHOOL ROAD, SUITE 201  
 WEXFORD, PA 15090

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted  
 4175519

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

**BAJCO WISCONSIN, LLC**

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

Document(s)

**DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG**  
 Effective Date: 05/03/2018

Document No(s):

**201812301986**



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  
 4th day of May, A.D. 2018.

*Jon Husted*

**Ohio Secretary of State**

Form 533A Prescribed by:

Date Electronically Filed: 5/3/2018

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

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## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1)  Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2)  Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd".)

**Optional:** Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

**Optional:** This limited liability company shall exist for

Period of Existence

**Optional:** Purpose

**\*\* Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

### Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

BAJCO WISCONSIN, 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 corporation may be served. The complete address of the agent is:

FAISAL BAJWA

(Name of Statutory Agent)

3695B BOARDMAN-CANFIELD ROAD, SUITE 200

(Mailing Address)

CANFIELD

(Mailing City)

OH

(Mailing State)

44406

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned, FAISAL BAJWA, named herein as the  
(Name of Statutory Agent)

Statutory agent for BAJCO WISCONSIN, LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature FAISAL BAJWA  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

FAISAL BAJWA

Signature

CFO

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 533A Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



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Central Ohio: (614) 466-3810  
www.OhioSecretaryofState.gov  
busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

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 For-Profit Limited Liability Company  
(115-LCA)

(2) Articles of Organization for Domestic  
 Nonprofit Limited Liability Company  
(115-LCA)

Name of Limited Liability Company **BAJCO WISCONSIN, LLC**

(Name must include one of the following words or abbreviations:  
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd".)

Optional: Effective Date (MM/DD/YYYY)  (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for **Perpetual**  
Period of Existence

Optional: Purpose

To own and operate various pizza restaurant franchises and any other legally authorized business.

**\*\* Note for Nonprofit LLCs**

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### Original Appointment of Statutory Agent

I, the undersigned authorized member(s), manager(s) or representative(s) of

BAJCO WISCONSIN, 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 corporation may be served. The complete address of the agent is:

FAISAL BAJWA

(Name of Statutory Agent)

3695B Boardman-Carfield Road, Suite 200

(Mailing Address)

Canfield

(Mailing City)

OH

(Mailing State)

44406

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned,

Faisal Bajwa

(Name of Statutory Agent)

, named herein as the

Statutory agent for

BAJCO WISCONSIN, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature

*T. S. B.*

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

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If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

*J.S.B.*  
Signature

*M CFO*  
By (if applicable)

Faisal Bajwa  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

