



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/18/2016	201610600086	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00	0.00

### Receipt

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

INCFE.COM LLC  
134 VINTAGE PARK BLVD A-50  
HOUSTON, TX 77070

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

3891797

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

**HYPERDRIVE SOLUTIONS LLC**

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

Document(s)

**DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG**  
Effective Date: 04/15/2016

Document No(s):

**201610600086**



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  
18th day of April, A.D. 2016.

*Jon Husted*

Ohio Secretary of State



Form 533A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Date Electronically Filed: 4/15/2016

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

## Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

**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"

Effective Date (Optional)  (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)  
mm/dd/yyyy

This limited liability company shall exist for  (Optional) Period of Existence

Purpose (Optional)

**\*\*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 AGENT

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

HYPERDRIVE SOLUTIONS 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 limited liability company may be served. The name and address of the agent is

EUSHA BAJWA

Name of Agent

7460 E HUNTINGTON DRIVE APT #6

Mailing Address

YOUNGSTOWN

City

OH

State

44512

ZIP Code

### ACCEPTANCE OF APPOINTMENT

The undersigned, \_\_\_\_\_ named herein as the statutory agent

EUSHA BAJWA

Statutory Agent Name

for

HYPERDRIVE SOLUTIONS LLC

Name of Limited Liability Company

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

Statutory Agent Signature

EUSHA 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 authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

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

EMEL TUNG

Signature

MEMBER

By (if applicable)

Print Name

HAIDER TUNG

Signature

MEMBER

By (if applicable)

Print Name

EUSHA BAJWA

Signature

MEMBER

By (if applicable)

Print Name