

DATE 09/01/2020 DOCUMENT ID E 202024405356 E

DESCRIPTION DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP) 
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# STATE OF OHIO CERTIFICATE

### **Ohio Secretary of State, Frank LaRose**

4535363

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

### PAKTLI FOODS LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG Effective Date: 08/31/2020 Document No(s): 202024405356



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 1st day of September, A.D. 2020.

Frank Johne

**Ohio Secretary of State** 

Form 533A Prescribed by: Frank LaRose Ohio Secretary of State

Date Electronically Filed: 8/31/2020 Toll Free: 877.767.3453 | Central Ohio: 614.466.3910 <u>OhioSoS.gov</u> | <u>business@OhioSoS.gov</u> File online or for more information: <u>OhioBusinessCentral.gov</u>

## Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

(2)

### **CHECK ONLY ONE (1) BOX**

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

| Name of Limi | ted Liability Company PAKTLI FOODS LLC   |  |  |  |
|--------------|--|--|--|--|
|              | (Name must include one of the following words or abbreviations:<br>"limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)   |  |  |  |
| Optional:    | Effective Date (MM/DD/YYYY) 8/31/2020 (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<br>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   |  |                 |                       |  |  |  |
| PAKTLI FOODS   | 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: |  |                 |                       |  |  |  |
| SEENA CHR  | ITI  |                 |                       |  |  |  |
| (Name of Statuto   | bry Agent)   |                 |                       |  |  |  |
| 11051 LABELLE AVE  |  |                 |                       |  |  |  |
| (Mailing Address   | 3)   |                 |                       |  |  |  |
| BLUE ASH   |  | ОН              | 45242                 |  |  |  |
| (Mailing City)   |  | (Mailing State) | (Mailing ZIP Code)    |  |  |  |
|  | Acceptance of Appointment  |                 |                       |  |  |  |
| The Undersigned,   | SEENA CHRITI   |                 | , named herein as the |  |  |  |
|  | (Name of Statutory Agent)  |                 |                       |  |  |  |
| Statutory agent for  | PAKTLI FOODS LLC   |                 |                       |  |  |  |
|  | (Name of Limited Liability Company)                                    |                 |                       |  |  |  |
| hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.   |  |                 |                       |  |  |  |
| Statutory Agent Sigr   | SEENA CHRITI   |                 |                       |  |  |  |
|  | (Individual Agent's Signature / Signature on Behalf of Business Servin | g 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.

| SEENA | CHRITI |
|-------|--------|
|-------|--------|

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name