



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/26/2004	200408403780	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00	.00	.00	.00

**Receipt**

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

STEVEN CAINE  
6775 RIDGECLIFF DR  
SOLON, OH 44139

**STATE OF OHIO**  
**CERTIFICATE**  
**Ohio Secretary of State, J. Kenneth Blackwell**

1451137

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

**RENEE' MARIE CONSULTING, INC.**

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

Document(s)

**DOMESTIC ARTICLES/FOR PROFIT**

Document No(s):

**200408403780**

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 22nd day of March, A.D.  
2004.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**  
(For Domestic Profit or Non-Profit)  
Filing Fee \$125.00

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 Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

**FIRST:** Name of Corporation Renee' Marie Consulting, Inc.

**SECOND:** Location Lorain Lorain  
(City) (County)

Effective Date (Optional) \_\_\_\_\_ 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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>1,500</u>	<u>Common</u>	<u>None</u>
(No. of Shares)	(Type)	(Par Value)

(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

\_\_\_\_\_  
March 18, 2004  
Date

Mary A. Costanzo  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

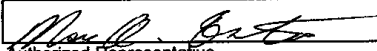
Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Renee' Marie Consulting, 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

Mary A. Costanzo  
(Name)  
1443 East Erie Avenue  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
Lorain, Ohio 44052  
(City) (Zip Code)

Must be authenticated by an authorized representative

  
Authorized Representative

03/18/04  
Date

Authorized Representative

Date

Authorized Representative

Date

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, Mary A. Costanzo, named herein as the

Statutory agent for, Renee' Marie Consulting, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:   
(Statutory Agent)



Prescribed by **J. Kenneth Blackwell**

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

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

### CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)  
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period**

<input type="checkbox"/> Where consenting entity is a a corporation  (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached

Charter or Registration No.  
of Entity Giving Consent 1440120

Name of Entity  
Giving Consent Renee Marie Consulting, Ltd.

Gives Its Consent To Renee Marie Consulting, Inc.

To Use The Name Renee Marie Consulting

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative

[Signature]  
Authorized Representative

3/18/04  
Date

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.