# STATE OF OHIO CERTIFICATE

### Ohio Secretary of State, Jon Husted 2258987

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

### WORLD INFORMATION NETWORK FOUNDATION LTD

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

Document(s)

Document No(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

201401000620

Effective Date: 01/13/2014

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 13th day of January, A.D. 2014.

**Ohio Secretary of State** 

for Husted



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

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

www.OhioSecretaryofState.gov
Busserv@ChioSecretaryofState.gov

### Articles of Organization for a Domestic Limited Liability Company

Date Electronically Filed: 1/10/2014

Filing Fee: \$125

CHECK ONL	y one	(1)	Box
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For-	cles of Organization for Domestic Profit Limited Liability Company LCA)	(2) 2Articles of Organization for Domestic Nonprofit Limited Liability Company (118-LCA)				
Effective Da	Name must include one of the following words or a late 1/13/2014 (The legal exist					
Purpose (Optional)	AND TO HOLD LIVE AND ELECTRONIC E	THER INFORMATION OF INTEREST TO THE MEMBERS EVENTS FOR MEMBERS TO ASSOCIATE, NETWORK, KE MIND TO IMPROVE THE MEMBERS' EXPERIENCE BUSINESS NOT PROHIBITED BY LAW				
**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

Name of Limited Liability	Company	
hersby appoint the following to be Statutory Agent upon when or permitted by statute to be served upon the limited liability or address of the agent is	any process, notice o impany may be served	r demand required I. The name and
PERRY KIRALY		
Name of Agent		
P.O. BOS 19428		
Mailing Address		
Mailing Address  CLEVELAND	ОН	44119
CLEVELAND	State	44119 ZIP Code
CLEVELAND City  ACCEPTANCE OF AIR undersigned,	State	
CLEVELAND City  ACCEPTANCE OF AI undersigned, PERRY KIRALY	State	ZIP Code
CLEVELAND City  ACCEPTANCE OF AIR undersigned,	State	ZIP Code
CLEVELAND City  ACCEPTANCE OF AI  undersigned, PERRY KIRALY Statutory Agent Name for WORLD INFORMATION NETWORK FOUNDAT	State PPOINTMENT  named h	ZIP Code
CLEVELAND City  ACCEPTANCE OF AI  undersigned, PERRY KIRALY Statutory Agent Name for	State PPOINTMENT  named h	ZIP Code
CLEVELAND City  ACCEPTANCE OF AI  undersigned, PERRY KIRALY Statutory Agent Name for WORLD INFORMATION NETWORK FOUNDAT	State PPOINTMENT  named to the content of the conte	ZIP Code
CLEVELAND  City  ACCEPTANCE OF AI  undersigned, PERRY KIRALY Statutory Agent Name  for WORLD INFORMATION NETWORK FOUNDAT Name of Limited Liability Company eby acknowledges and accepts the appointment of agent for said	State PPOINTMENT  named to the content of the conte	ZIP Code
CLEVELAND  City  ACCEPTANCE OF AI  undersigned, PERRY KIRALY Statutory Agent Name  for WORLD INFORMATION NETWORK FOUNDAT Name of Limited Liability Company eby acknowledges and accepts the appointment of agent for said	State PPOINTMENT  named to the content of the conte	ZIP Code

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 sutherized 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.

PERRY KIRALY		
Signature		
By (if applicable)		
Print Name		
Signature		
By (if applicable)		
Print Name		
Signature		
By (if applicable)		
Print Name		·