

L05000010271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

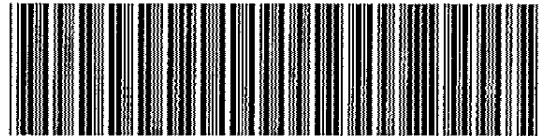
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 178208 4350034

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : February 1, 2005

ORDER TIME : 1:57 PM

ORDER NO. : 178208-005

CUSTOMER NO: 4350034

CUSTOMER: Susan Smith  
Dinsmore & Shohl

255 E 5th Street  
1900 Chemed Center  
Cincinnati, OH 45202

DOMESTIC FILING

NAME: A CUT ABOVE PROPERTIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

*Patricia P. King*  
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ARTICLES  
OF  
ORGANIZATION

A CUT ABOVE PROPERTIES, LLC

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**Article I - Name:**

The name of the Limited Liability Company is A Cut Above Properties, LLC (the "Company").

**Article II - Address:**

The mailing address and street address of the principal office of the Company is 4651 Morris Ct., Mason, Ohio, 45040.

**Article III - Registered Agent**

The name and the Florida street address of the registered agent are:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Cynthia L. Harris  
Registered Agent's Signature

**Cynthia L. Harris**  
**as its agent**

**ARTICLE IV - Managers**

The name and address of each of the Managing Members is as follows:

Cynthia Ipach  
Ronald Ipach

**REQUIRED SIGNATURE**

Jason B. Sims  
Signature of member or an authorized representative of a member

Jason B. Sims  
Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)