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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 7/25/2012 12:00 AM Fee Receipt: \$90.00

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings

Division of Business Filings	Certificate of Author	rity		FBE			
Business Filings PO Box 718	(Foreign Business E						
Frankfort, KY 40602	(i ereigi: 20011000 -	,)					
(502) 564-3490							
www.sos.ky.gov			****				
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			ed hereby applies for autho	rity to transact business in Kentucky			
1. The entity is a :	oration (KRS 271B). 💭 nonpro	ofit corporation (KRS 27		service corporation (KRS 274).			
		liability company (KRS		limited liability company (KRS 275).			
	· · ·	lability company (NNO		infined hability company (RICO 275).			
	tnership (KRS 362).						
2. The hame of the entry is	CH Consulting, Inc.						
(The name mu	ist be identical to the name on record	with the Secretary of Sta	ate.)				
3. The name of the entity to be used in h	(entucky is (if applicable):						
	(Only pro	vide if "real name" is una	available for use; otherwise,	leave blank.)			
4. The state or country under whose law							
5. The date of organization is March	3, 2003	and the period of du	ration in				
5. The date of organization is		and the period of du		blank, the period of duration			
6. The mailing address of the entity's private	nainal office is		is	considered perpetual.)			
• / /	icipal onice is		011				
1185 Waterfront Place		Painesville	OH	44077			
Street Address		City	State	Zip Code			
7. The street address of the entity's regis	stered office in Kentucky is						
706 Hunter Drive		Lancaster	KY	40444			
Street Address (No P.O. Box Numbers)	an a	City		· · · · · · · · · · · · · · · · · · ·			
	Nourseus 110		State	Zip Code			
and the name of the registered agent at t	hat office is	(Don M. Gash)					
8. The names and business addresses of				r general partners):			
	1185 Waterfront Place	Painesville	OH	44077			
Name	Street or P.O. Box	City	State	Zip Code			
Name	Street or P.O. Box	City	State	Zip Code			
Name	Street or P.O. Box	City	State	Zip Code			
9. If a professional service corporation, al	the individual shareholders, not is	as then one helf (1/2)	files discolory and all of th				
and treasurer are licensed in one or more statement of purposes of the corporation.	states or territories of the United S	States or District of Colu	umbia to render a profession	ne officers other than the secretary nal service described in the			
10. I certify that, as of the date of filing thi	s application, the above-named en	tity validly exists under	the laws of the jurisdiction	of its formation			
11. If a limited partnership, it elects to b				or its formation.			
12. This application will be effective upon The effective date or the delayed effective	filing, unless a delayed effective date the date	ate and/or time is provid ne application is filed. T	The date and/or time is				
1,12,1 0.	-		(Del	layed effective date and/or time)			
alste 100	<u>Le</u> Ce	leste Rose		24- 1114-2012			
Signature of Authorized Representative		Printed Name & Tit	le	Date			
Neuroway LLC (Dap M. C.	ach)						
I, Neuroway, LLC (Don M. Ga	<u>1511)</u> , c	onsent to serve as the	registered agent on behalf	of the business entity.			
Type/Print Name of Registered Agent			-				
Immon man	Don M. Ga	ash	Neuroway, LLC	00			
Signature of Registered Agent	Printed Name	~~ I	-	23 July 2012			
(01/12)	Finited Mame		Title	Date			

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- all all by	D	n M. Gash		Neuroway	י' ררכ
eclare under penalty of perjury	y under the laws of l	Kentucky that the fo	ne eurt si gniog	nd correct.	
the delayed effective date cann	a aut ot loud ag tout	ade dipenidate en sist	פ וווכחי דרוב חמו)	(Delayed effective date and/or time)
This application will be effectiv					The effective date
uN xoB eoiftO foor oV) eestbbA fee	nmbers)	City	State		əbo D qi Z
06 Hunter Drive		Lancaster	КX)4	444 0
The street address of the regis					
The name of the initial register	J9N si tnege bere	ונסאפּא' דרכ (נ	seĐ .M no((นุร	
The state or country of incorpo	oration, organizatio	n or formation is	ojų		
The name of the business enti	DIT920A si vitr	, Consulting,	.oul		
)))	a limited partn a limited liabili a business tru	st (KRS 386) ty partnership (KRS	362)		
lowing statements: The business entity is	a corporation	(KKS 271B, KRS 27	3 of KRS 274)		
irsuant to the provisions of KRS					
vision of Business Filings usiness Filings D Box 718 ankfort, KY 40602 564-3490 202 564-3490	1	of Consent of Foreign Busines	_	fn9pA	АЯЭ
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	COMMON/	NEALTH OF K	ЕИТИСКҮ		

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