



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/27/2007	200720702462	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

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

TREEZ PLEASE
1330 WICK AVENUE
YOUNGSTOWN, OH 44505

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1715861**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
TREEZ PLEASE INC.

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

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200720702462

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 25th day of July, A.D.
2007.

Ohio Secretary of State



Prescribed by:

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

www.sos.state.oh.us

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

Expedite this Form: (Select One)	
Mail Form By: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$180 ***	
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Nonprofit)

Filing Fee \$125.00

2007 JUL 25 PM 2:43

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) <input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	(2) <input checked="" type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	(3) <input type="checkbox"/> 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	<u>Treaz Please Inc.</u>	
SECOND: Location	<u>Youngstown</u> (City)	<u>Mahoning</u> (County)
Effective Date (Optional)	<u> </u> <small>(mm/dd/yyyy)</small>	
<small>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.</small>		
<input type="checkbox"/> 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
<u>Treaz Please Inc. is dedicated to working with the city of Youngstown and other citizen groups in the</u>
<u>the greening of Youngstown.</u>

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)			
(Refer to instructions if needed)	(No. of Shares)	(Type)	(Par Value)

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.

Jean Engels

(Name)

2316 Coronado Avenue

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown

(City)

OH

(State)

44504

(Zip Code)

Janis Pentz

(Name)

1330 Wick Avenue

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown

(City)

OH

(State)

44505

(Zip Code)

Holly Burnett-Hanley

(Name)

493 Carlotta

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Youngstown

(City)

OH

(State)

44504

(Zip Code)

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

Authorized Representative

Jean Engels

(Print Name)

7/10/07
Date

Authorized Representative

Janis Pentz

(Print Name)

7/10/07
Date

Authorized Representative

Holly Burnett-Hanley

(Print Name)

7-10-2007
Date

The undersigned, being at least a majority of the incorporators of TREEZ Please 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

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(Zip Code)

Authorized Representative

Date _____

Authorized Representative

Date _____

Authorized Representative

Date _____

, named herein as the

hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature:

(Statutory Agent)