



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/14/2022	202201302846	DOMESTIC NONPROFIT LLC - ARTICLES OF ORG (LCN)	99.00	0.00	0.00	0.00

**Receipt**

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

CORS & BASSETT LLC  
201 E. FIFTH STREET, SUITE 900  
CINCINNATI, OH 45202

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
4801791

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

**MRC ACQUISITION, LLC**

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

Document(s)

**DOMESTIC NONPROFIT LLC - ARTICLES OF ORG**

Effective Date: 01/13/2022

Document No(s):

**202201302846**



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  
14th day of January, A.D. 2022.

**Ohio Secretary of State**



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

**CHECK ONLY ONE (1) BOX**

(1)  Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2)  Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "ltd.", or "ltd".)

Optional: Effective Date (MM/DD/YYYY)

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for   
Period of Existence

Optional: Purpose

OPERATION OF A MULTIFACETED TEEN CENTER THAT USES RECORDING AND PERFORMING ARTS AS WELL AS LIFE SKILLS MENTORING TO CREATE A SENSE OF EMPOWERMENT AND ACCOMPLISHMENT IN THE URBAN COMMUNITY.

**\*\* 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 Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

MRC Acquisition, LLC

(Name of Limited Liability Company)

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:

CB AGENT SERVICES, INC.

(Name of Statutory Agent)

201 E. FIFTH STREET, SUITE 900

(Mailing Address)

CINCINNATI

(Mailing City)

OH

(Mailing State)

45202

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, CB AGENT SERVICES, INC., named herein as the  
(Name of Statutory Agent)

Statutory agent for MRC Acquisition, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature KEVIN R. FEAZELL, VICE PRESIDENT  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**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 the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

KEVIN R. FEAZELL, AUTHORIZED REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



### Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Form Must Be Typed

Name of Entity/Individual Giving Consent	MRC Aquisition, Inc.
Charter/Registration/License Number of Entity giving Consent	4795639
Gives it Consent To	MRC Acquisition, LLC
To Use The Name	MRC Acquisition, LLC

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**

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized 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.



Signature

By (if applicable)

KEVIN R. FEAZELL

Print Name

Signature

By (if applicable)

Print Name