



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/29/2009	200902900672	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

### Receipt

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

GREGORY MORAN  
2640 NETHERLAND DR  
APT. 208  
DAYTON, OH 45431

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1832487

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**MACH 30, INC.**

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

Document(s)  
**DOMESTIC ARTICLES/NON-PROFIT**

Document No(s):  
**200902900672**



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 27th day of January, A.D.  
2009.

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

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of \$100 ***	
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**INITIAL ARTICLES OF INCORPORATION**  
 (For Domestic Profit or Nonprofit)  
 Filing Fee \$125.00

**RECEIVED BY**  
**JAN 27 2009**  
 Ohio Secretary of State

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

**(CHECK ONLY ONE (1) BOX)**

<input type="checkbox"/> Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<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 Mach 30, Inc.

**SECOND:** Location Fairborn Greene  
(City) (County)

**Effective Date (Optional)** \_\_\_\_\_ 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.  
(mm/dd/yyyy)

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

To hasten the advancement of humanity into a spacefaring civilization through sustainable leadership,  
open design practices, and a bias toward mature technology

**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)

\_\_\_\_\_  
(No. of Shares) (Type) (Par Value)

(Refer to instructions if needed)

**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.

Joseph Simmons  
(Name)  
1483 Sanzon Dr  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Fairborn OH 45324  
(City) (State) (Zip Code)

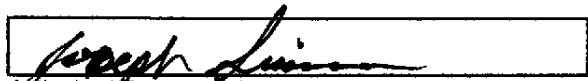
Maureen Carruthers  
(Name)  
1483 Sanzon Dr  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

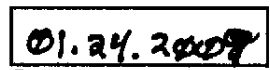
Fairborn OH 45324  
(City) (State) (Zip Code)

Gregory Moran  
(Name)  
3012 Creekbend Dr.  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

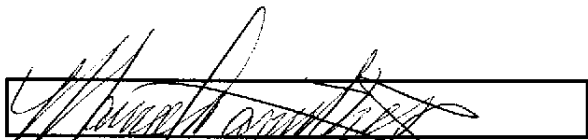
Plano TX 75075  
(City) (State) (Zip Code)

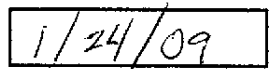
**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative  
(See Instructions)

  
Authorized Representative

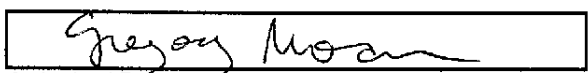
  
Date

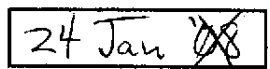
Joseph Simmons  
(Print Name)

  
Authorized Representative

  
Date

Maureen Carruthers  
(Print Name)

  
Authorized Representative

  
Date

Gregory Moran  
(Print Name)

09-gm

Complete the information in this section if box (1) (2) or (3) is checked.

### ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Mach 30, 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

Joseph Simmons  
(Name)  
1483 Sanzon Dr  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**  
Fairborn, Ohio 45324  
(City) (Zip Code)

Must be authenticated by an authorized representative

Joseph Simmons  
Authorized Representative

01.24.2009  
Date

[Signature]  
Authorized Representative

1/24/09  
Date

Gregory Moran  
Authorized Representative

24 Jan 08  
Date  
09-gm

#### ACCEPTANCE OF APPOINTMENT

The Undersigned, Joseph Simmons, named herein as the

Statutory agent for, Mach 30, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: Joseph Simmons  
(Statutory Agent)