

DATE: 12/19/2013

DESCRIPTION FICTITIOUS NAME/ORIGINAL FILING (NFO)

COPY .00

Receipt

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

CLEAN TEAM OF MID OHIO-COMMERCIAL 1369 COUNTY RD 1153 ASHALND, OH 44805

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2254200

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

CLEAN TEAM OF MID OHIO-COMMERCIAL

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

Document(s)

Document No(s):

FICTITIOUS NAME/ORIGINAL FILING

201335201264

Effective Date: 12/17/2013

Expiration Date:

12/17/2018

RYAN COYLE 1369 COUNTY RD 1153 ASHLAND, OH 44805



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 19th day of December, A.D. 2013.

Ohio Secretary of State



Form 534A

Form 534A Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00). P.O. Box 1390 Columbus, OH 43216

Name Registration Filing Fee: \$50

rlling ree: 550							
CHECK ONLY ONE (1) Box							
Trade Name (167-RNO)	☑ Fictitious Name (169-NFO)						
Date of first use:							
MM/DD/YYYY							
Clean Team Of Mid Ohio-Commercial							
Name being Registered or Reported							
Ryan Coyle							
Name of the Registrant							
Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.							
The Registrant is a(n): (Check only one (1) box)							
⊠Individual	☐Ohio Corporation						
☐General Partnership	Charter #						
Registration #, if any	☐Foreign Corporation						
Limited Partnership	Ohio license #						
Registration #	Jurisdiction of Formation						
If Foreign, Jurisdiction of Formation	Unincorporated Association						
Limited Liability Partnership	Professional Association						
Registration #	Charter #						
If Foreign, Jurisdiction of Formation	□Other (1)						
Limited Liability Company	230						
Registration #	17 //						
If Foreign, Jurisdiction of Formation	□Other						

Page 1 of 2

Last Revised: 2/6/12

All registrants must comple	ete the informa	ition in this	section				
The general nature of busine	ss conducted b	y the registra	ant:				
Janitorial							
Business address:							
1369 COUNTY RD. 1153					······································		
Mailing Address							
Ashland					Ohio		44805
City					State		Zip Code
·	. 7						
ORC 1776, if partnership is Provide the name and addres					on page one.		
Ivanic		7	Address				
<u> </u>		_	L				
		7		***************************************			
***************************************		- -					
		_					
NOTE: Pursuant to OAG 89-0 transact business in Ohio; if a assumed name, please provide By signing and submitting this requisite authority to execute	general partner le the assumed form to the Oh	r is a foreigr I name and t	n corporation. the name as	/lim reg	ited liability co istered in its ju	mpany lie risdiction	censed in Ohio under an of formation.
Required		0					
Application must be signed by the registrant or	Signature	Can L). Cz	م			
an authorized representative.							
If authorized representative s an individual, then they must sign in the "signature"	By (if applical	ole)					
box and print their name n the "Print Name" box.	Print Name	Ryan D	Coyle	2		,	
If authorized representative is box, an authorized representa box.	a business ent	ity, not an in ness entity r	idividual, thei nust sign in t	n pi ne '	ease print the "By" box and p	business rint their	name in the "signature" name in the "Print Name"

Form 534A

Page 2 of 2

Last Revised: 2/6/12