



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/17/2002	200225901008	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

MILLIKIN & FITTON LAW FIRM
ATTN: DEANNA M. WOEDL
6 S. SECOND ST.
HAMILTON, OH 45012

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1340792

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

JUNGLE JIM'S INTERNATIONAL MARKET

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING

200225901008

Date of First Use: 04/02/2001
Expiration Date: 09/16/2007

JUNGLE JIM'S MAKRET, INC.
5440 DIXIE HWY
FAIRFIELD, OH 45014



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 16th day of September,
A.D. 2002.

J. Kenneth Blackwell
Ohio Secretary of State

09/04/02 07:23 FAX 5136746001

JUNGLE JIM'S

0004

08/26/02 11:15 FAX 5138630031

MILLIKIN & FITTON LAW FI

002/003

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

- ☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☒ No PO Box 670
Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)(1) ☒ Trade Name

(167-RNO)

Date of first use

04-02-01

MM/DD/YYYY

(2) ☐ Fictitious Name
(169-NFO)(3) Name Reservation
(160-NRO)☐ Original☐ Renewal Registration No.

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

The exact name being registered or reported is

Jungle Jim's International Market

The Registrant Is (Check Appropriate Box)

☐ Individual☐ Limited Partnership: Reg. No. _____☐ Ohio Limited Liability Co., Reg. No. _____☒ Ohio Corporation, Charter No. 530224☐ General Partnership☐ Other _____☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____☐ Unincorporated Association☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____

The name of the registrant designated above is

Jungle Jim's Market, Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

5440 Dixie Highway

(Street)

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

Fairfield

(City)

Butler

(County)

Ohio

(State)

45014

(Zip Code)

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

Last Revised: May 2002

09/04/02 07:22 FAX 5136746001

JUNGLE JIM'S

003

08/26/02 11:15 FAX 5138630031

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Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

International Food Market

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

☐ Please reserve the name listed below. (only one name per form)

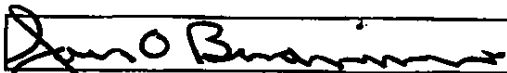
☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME.

The name reservation is valid for a period of 180 days.

(First Choice)(Second Choice)(Third Choice)(Applicant)(Print Name)(Address)(City, State and Zip Code)**REQUIRED**

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



Authorized Representative
James O. Bonaminio

Authorized Representative

9-4-02

Date

Date