



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/23/2004	200408202888	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CRI
1322 E MC MILLAN STREET
CINCINNATI, OH 45206

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell
1450285

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

FOOD FOR THOUGHT CATERING

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/1989
Expiration Date: 03/18/2009

Document No(s):

200408202888

CRI
1322 EAST MC MILLAN
CINCINNATI, OH 45206



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 18th day of March, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State

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)

Mail Form to one of the Following:

☐ 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 <u>01/01/1989</u> 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

FOOD FOR THOUGHT CATERING**The Registrant is (Check Appropriate Box)**

☐ Individual ☐ Limited Partnership: Reg. No. _____ ☐ Ohio Limited Liability Co., Reg. No. _____ ☒ Ohio Corporation, Charter No. <u>410189</u> ☐ 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

C R I - NOT-FOR-PROFIT CORPORATION

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

1322 East McMillan
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

Cincinnati Hamilton Ohio 45206
(City) (County) (State) (Zip Code)

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

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)

CATERING SERVICES (AS PART OF A WORK PROGRAM FOR PERSONS WITH DISABILITIES)

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

Authorized Representative

Date

Date

EXECUTIVE DIRECTOR