DOC ID ----> 200420203794

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BROWN AND AMODIO
109 WEST LIBERTY STREET
ATTN JAMES AMODIO
MEDINA, OH 44256

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1477597

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

CAREPLAY

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 07/19/2009

Document No(s):

200420203794

SHAMROCK INDUSTRIES, INC
7001 WOOSTER PIKE
MEDINA, OH 44256

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 July, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200420203794

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)	(2) ☑ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO)
Date of first use _____ MM/DD/YYYY		☐ 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 CarePlay

RECEIVED
JUL 19 2004
J. KENNETH BLACKWELL
SECRETARY OF STATE

The Registrant is (Check Appropriate Box)

☐ Individual
☐ Limited Partnership: Reg. No. _____
☐ Ohio Limited Liability Co., Reg. No. _____
☑ Ohio Corporation, Charter No. 1340119
☐ 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

Shamrock Industries, 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

7001 Wooster Pike
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Medina	Medina	Ohio	44256
(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)

Design, manufacture and sale of play equipment for the child care 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)**

James Gerlin President
Authorized Representative

7/16/04
Date

Authorized Representative

Date