DOC ID ----> 200724103010

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/30/2007	200724103010	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CHELSEA HOUSE DESIGN
P O BOX 2706
COLUMBUS, OH 43216-2706

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1723629

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

FABRIC & DRAPERY SOURCE

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 08/05/2007
Expiration Date: 08/29/2012

Document No(s):

200724103010

STYLE-LINE INCORPORATED
901 WEST THIRD AVE
COLUMBUS, OH 43212

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 29th day of August, A.D. 2007.

Ohio Secretary of State

DOC ID ----> 200724103010

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

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
Filing Fee $50.00

RECEIVED
AUG 29 2007
SECRETARY OF STATE

RECEIVED
AUG 16 2007
SECRETARY OF STATE

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☑ Trade Name (167-RNO) Date of first use August 5, 2007 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 Fabric & Drapery Source

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No.
- ☐ Ohio Limited Liability Co., Reg. No.
- ☑ Ohio Corporation, Charter No. 906257
- ☐ 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

STYLE-LINE INCORPORATED

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

901 West Third Ave
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus	Franklin	Ohio	43212
(City)	*(County)*	*(State)*	*(Zip Code)*

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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)

FOR THE RETAIL DISTRIBUTION OF FABRIC AND DRAPERY PRODUCTS

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)**

Laura R. Lapkatis, Esq.
Authorized Representative

8-15-07
Date

Authorized Representative

Date