



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2008	200834301208	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

SHUMAKER LOOP
41 SOUTH HIGH STREET #2400
ATTN SARA KING
COLUMBUS, OH 43215-6104

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1822492**

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

TUFFY AUTO SERVICE CENTER OF PERRYSBURG, OHIO

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 12/05/2013

Document No(s):

200834301208

C.A. GENTLE ENTERPRISES, LLC
2616 LIVERPOOL COURT
TOLEDO, OH 43617



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 5th day of December,
A.D. 2008.

Ohio Secretary of State

Dec 04 08 12:29p

John A. Gentle

419-841-7988

p.2



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 or Nonprofit)
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use _____ MM/DD/YYYY	(2) ☒ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. _____
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

Tuffy Auto Service Center of Perrysburg, Ohio

The Registrant Is (Check Appropriate Box)

☐ Individual ☐ Limited Partnership: Reg. No. _____ ☒ Ohio Limited Liability Co., Reg. No. <u>1814054</u> ☐ Ohio Corporation, Charter No. _____ ☐ 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 _____
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The name of the registrant designated above is

C.A. Gentle Enterprises, LLC

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

2616 Liverpool Court

(Street)

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

Toledo

(City)

Lucas

(County)

Ohio

(State)

43617

(Zip Code)

Dec 04 08 12:29p

John A. Gentle

419-841-7988

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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)

Retail Automotive Business

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)

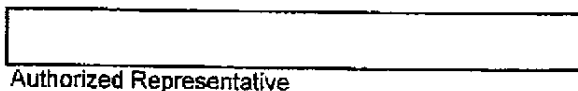
(City, State and Zip Code)

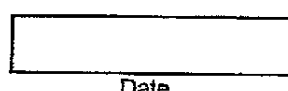
REQUIRED

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


Authorized Representative


Date


Authorized Representative


Date