



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/05/2009	200900201318	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

BRETT WIEBER
5333 MEADOW LANE CT
ELYRIA, OH 44035

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1827163

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

MED-EX SERVICES

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2009

Expiration Date: 01/02/2014

Document No(s):

200900201318

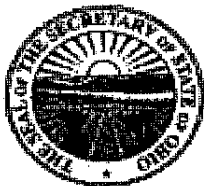
FIRST DIVERSITY STAFFING GROUP,
INC.
2440 EAST HIGH STREET
SPRINGFIELD, OH 45505



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 2nd day of January, A.D.
2009.

Ohio Secretary of State



www.sos.state.oh.us

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

Prescribed by:

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
Not from one of the following:	
☐ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
☒ No	PO Box 670 Columbus, OH 43216

RECEIVED

JAN 02 2009

SECRETARY OF STATE

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 (157-RNO) Date of first use <u>January 1, 2009</u> MM/DD/YYYY	(2) ☐ Fictitious Name (159-NFO)	(3) Name Reservation (160-NRC) ☐ 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

Med-Ex Services**The Registrant is (Check Appropriate Box)**

- | | |
|---|--|
| ☐ Individual | ☒ Foreign Corporation incorporated in the state of <u>Delaware</u> |
| ☐ Limited Partnership: Reg. No. _____ | holding Ohio license no. <u>1790797</u> |
| ☐ Ohio Limited Liability Co., Reg. No. _____ | ☐ Unincorporated Association |
| ☐ Ohio Corporation, Charter No. _____ | ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ |
| ☐ General Partnership | organized in the state of _____ |
| ☐ Other _____ | |

The name of the registrant designated above is

First Diversity Staffing Group, 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

2440 East High Street

(Street)

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

(City)

Clark

(County)

OH

(State)

45505

(Zip Code)

12/31/2008 WED 15:42 FAX 9373235327 First Diversity Staffing

001/001

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)

Medical staffing services

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
Miguel Ten, President and CEO

Authorized Representative

Date

Date

12/30/08



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

Prescribed by:
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Central Ohio: (614) 466-3910
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CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Nonprofit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

☒ Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of ☐ Trade Name ☐ Service Mark ☐ Trade Mark (149-CSN)	Where consenting entity is a ☐ Limited Liability Company ☐ Limited Partnership ☐ Partnership Having Limited Liability (148-CSL)
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☐ Check here if additional provisions are attached

Charter or Registration No.
of Entity Giving Consent 819133

Name of Entity
Giving Consent KED Management, Inc.

Gives Its Consent To First Diversity Staffing Group, Inc.

To Use The Name Med-Ex Services

REQUIRED
Must be authenticated
(signed) by an authorized
representative

Karin E. Deffler
Authorized Representative
Karin E. Deffler, President

12/31/08
Date

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.