DOC ID ----> 200901401376

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/15/2009	200901401376	TRADE NAME/ORIGINAL FILING (RNO)	50.00	100.00	.00	.00	.00

Receipt

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

MCCARTHY, LEBIT, CRYSTAL & LIFFMAN CO., L.P.A.
101 WEST PROSPECT AVENUE
SUITE 1800
CLEVELAND, OH 44115

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1829586

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

ACCHROMA

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 12/08/2008
Expiration Date: 01/14/2014

Document No(s):

200901401376

VGU INDUSTRIES, INC.
4747 MANUFACTURING ROAD
CLEVELAND, OH 44135

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 14th day of January, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200901401376

Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

(•) Expedite — PO Box 1390, Columbus, OH 43216

*** Requires an additional fee of $100 ***

( ) Non Expedite — PO Box 670, Columbus, OH 43216

2009 JAN 14 AM 11:08

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☑ Trade Name (167-RNO) Date of first use: 12/08/2008	☐ Fictitious Name (169-NFO)

Name being registered or reported: Acchroma

Name of the Registrant: VGU Industries, Inc.

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- ☐ Individual
- ☐ Partnership
  Registration # , if any _____
- ☐ Limited Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☐ Limited Liability Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☐ Limited Liability Company
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☑ Ohio Corporation
  Charter # 440178
- ☐ Foreign Corporation
  Ohio license # _____
  Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

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All registrants must complete the information in this section

Business address:

4747 Manufacturing Road
Mailing Address

Cleveland | OH | 44135
City | State | Zip Code

The general nature of the business conducted by the registrant:

Large format screen printing.

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign 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 provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by the registrant or an authorized representative

/s/ Matthew Jurkowitz — Signature — 01/13/2009 — Date

Matthew Jurkowitz, Esq. — Print Name

Signature — Date

Print Name