



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/11/2009	200906901342	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	100.00	.00	.00	.00

Receipt

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

CBS PERSONNEL SERVICES
453 ELM ST., STE. 300
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1841897**

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

STAFFMARK

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 03/10/2014

Document No(s):

200906901342

CBS PERSONNEL SERVICES, LLC.
435 ELM ST., STE. 300
CINCINNATI, OH 45202



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 10th day of March, A.D.
2009.

Ohio Secretary of State

**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

RECEIVED

MAR 10 2009

2009 MAR -3 AM 11:49

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. _____
--	---	--

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is _____

Staffmark

The Registrant is (Check Appropriate Box)

☐ Individual	☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
☐ Limited Partnership: Reg. No. _____	☐ Unincorporated Association
☒ Ohio Limited Liability Co., Reg. No. <u>956360</u>	☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
☐ Ohio Corporation, Charter No. _____	
☐ General Partnership	
☐ Other _____	

The name of the registrant designated above is _____

CBS Personnel Services, 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 _____

435 Elm Street, Suite 300

(Street)

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

Cincinnati

(City)

Hamilton

(County)

Ohio

(State)

45202

(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 ~~business is conducted by the registrant under the trade or fictitious name of (please be specific)~~

Temporary Staffing Agency

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)

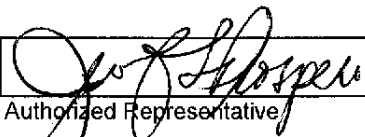
(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED

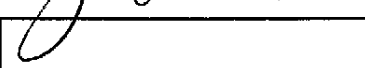
Must be authenticated (signed)
by an authorized representative
(See Instructions)



Authorized Representative

2/27/09

Date



Authorized Representative

Date