



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/05/2009	200915500912	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00	.00	.00	.00

Receipt

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

MANAGEMENT RECRUITERS OF DAYTON
333 WEST FIRST ST
STE 515
DAYTON, OH 45402

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1491291

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

NOBLE STAFFING SOLUTIONS

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

Document(s)
FICTITIOUS NAME RENEWAL

Document No(s):
200915500912



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 4th day of June, A.D.
2009.

Ohio Secretary of State



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

RENEWAL OF FICTITIOUS NAME REPORT

2009 JUN -4 AM 9:22

1. The Registration Number to be renewed is: **1491291**
2. The fictitious name to be renewed is:
NOBLE STAFFING SOLUTIONS
3. The date of original registration is: **September 23, 2004**
4. The applicant is: (check appropriate item)
 - ☐ an individual
 - ☒ an Ohio corporation, Charter Number: 444280
 - ☐ a foreign corporation, incorporated in the state of: _____
 - ☐ a General Partnership
 - ☐ a Limited Liability Company
 - ☐ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
 - ☐ a Professional association
 - ☐ an association
 - ☐ a Society, Foundation, Federation or other organization

5. The name of the applicant designated in item 4 is:

MANAGEMENT RECRUITERS OF DAYTON, INC.

(Note: When the applicant is a partnership, the name of the partnership must appear on this line)

6. The business address of the applicant is:

333 WEST FIRST ST. #515

(Street address only, P.O. Box not acceptable)

DAYTON

(City, Village or Township)

MONTGOMERY

(County)

OHIO

(State)

45402

(Zip Code)

7. Complete only if applicant is a partnership:

Names of All General Partners

Complete Residence Address

_____	_____
_____	_____
_____	_____
_____	_____

This document is signed by a corporate officer, general partner, association member or officer, or the individual applicant.

By: _____

[Signature]

CEO