



|            |              |                          |        |       |         |      |      |
|------------|--------------|--------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION              | FILING | EXPED | PENALTY | CERT | COPY |
| 06/10/2009 | 200916000988 | TRADE NAME RENEWAL (RNR) | 25.00  | .00   | .00     | .00  | .00  |

**Receipt**

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

ROSATI WINDOWS  
4200 ROBERTS RD.  
COLUMBUS, OH 43228

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jennifer Brunner****1480348**

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

**ROOMS OF DISTINCTION BY ROSATI WINDOWS**

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

Document(s)

**TRADE NAME RENEWAL**

Document No(s):

**200916000988**

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 9th 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 TRADE NAME REGISTRATION

1. The Registration Number to be renewed is: **1480348**
2. The trade name to be renewed is:  
**ROOMS OF DISTINCTION BY ROSATI WINDOWS**
3. The date of original registration is: **August 2, 2004**
4. The applicant is: (check appropriate item)
  - ☐ an individual
  - ☐ an Ohio corporation, Charter Number: \_\_\_\_\_
  - ☐ 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:  
Rosati Window Co LLC  
 (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:

4200 Roberts Rd.

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

Columbus Franklin OH 43228

(City, Village or Township)

(County)

(State)

(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: Cynthia R. Sest Controller