DOC ID ----> 200919102030

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/13/2009	200919102030	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

DESIGNEERS MIDWEST
9563 MONTGOMERY ROAD
CINCINNATI, OH 45242

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1869312

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

DESIGNEERS MIDWEST

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

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 04/01/2004
Expiration Date: 07/10/2014

Document No(s):

200919102030

J.G. MASTERS, INC.
9563 MONTGOMERY RD.
CINCINNATI, OH 45242

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 July, A.D. 2009.

Jennifer Brunner

Ohio Secretary of State

DOC ID ----> 200919102030

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:

O Expedite — PO Box 1390, Columbus, OH 43216

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

X Non Expedite — PO Box 670, Columbus, OH 43216

2009 JUL -2 AM 10:26

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

X Trade Name (167-RNO) Date of first use: 4/1/2004	☐ Fictitious Name (169-NFO)

Name being registered or reported: Designeers Midwest

Name of the Registrant: J.G. Masters 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 _____
- X Ohio Corporation — Charter # 1448248
- ☐ Foreign Corporation — Ohio license # _____ — Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

2009 JUL 10 AM 10:39

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All registrants must complete the information in this section

Business address: 9563 Montgomery Rd.
Mailing Address

Cincinnati | OH | 45242
City | State | Zip Code

The general nature of the business conducted by the registrant:
Contract placement firm

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

Signature — Date: 7/9/09

John G. Masters
Print Name

Signature — Date

Print Name