DOC ID ----> 200921700962

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/19/2009	200921700962	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

JACOB BENJAMIN
6571 ESTATEVIEW DR. S.
BLACKLICK, OH 43004

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1877162

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

SHOETIQUE

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 08/17/2009
Expiration Date: 08/17/2014

Document No(s):

200921700962

DEEMSYS INC.
800 CROSS POINTE ROAD
SUITE A
BLACKLICK, OH 43230

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 17th day of August, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200921700962

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 ***

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NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO) Date of first use: 8/17/09	☐ Fictitious Name (169-NFO)

Name being registered or reported: Shoetique

Name of the Registrant: Deemsys 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 # 1440520
- ☐ 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: Deemsys Inc, 800 Cross Pointe Rd, Suit A
Mailing Address

Blacklick | OH | 43230
City | State | Zip Code

The general nature of the business conducted by the registrant:
Retail of footwear, clothing, Nursing Supplies & accessories

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: 8/17/09

JACOB BENJAMIN
Print Name

Signature | Date

Print Name