



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/09/2009	200925101306	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

HARRY J. JACOB III
30405 SOLON ROAD, STE 14
SOLON, OH 44139

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1881620**

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

A & B ROOFING

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

Document(s)

Document No(s):

FICTITIOUS NAME/ORIGINAL FILING**200925101306**

Expiration Date: 09/08/2014

B. BUEHL INDUSTRIES, INC.
1595 HIGHLAND ROAD
TWINSBURG, OH 44087



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 8th day of September,
A.D. 2009.

Ohio Secretary of State

RECEIVED

SEP - 8 2009



SECRETARY OF STATE
 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:

☐ Expedite PO Box 1390
 Columbus, OH 43216

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

☒ Non Expedite PO Box 670
 Columbus, OH 43216

NAME REGISTRATION
Filing Fee \$50

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO) Date of first use: _____	☒ Fictitious Name (169-NFO)
--	--

Name being registered or reported: A & B Roofing
 Name of the Registrant: B. Buehl Industries, 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 | ☐ Unincorporated Association |
| ☐ Partnership
Registration # , if any _____ | ☐ Professional Association |
| ☐ Limited Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | ☐ Other |
| ☐ Limited Liability Partnership
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| ☐ Limited Liability Company
Registration # _____
If foreign, Jurisdiction of Formation _____ | |
| ☒ Ohio Corporation
Charter # <u>855542</u> | |
| ☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

1595 Highland Road

Mailing Address

Twinsburg

OH

44087

City

State

Zip Code

The general nature of the business conducted by the registrant:

Residential and commercial roofing services

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

Bill Buehl

Print Name

Date

8-24-09

Signature

Print Name

Date