DOC ID ----> 200932200814

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/19/2009	200932200814	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

STARK & KNOLL
3475 RIDGEWOOD ROAD
AKRON, OH 44333

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1896634

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

THE OFFICE PLACE

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

Document(s)	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**200932200814**
Expiration Date: 11/18/2014	

REGENCY SEATING, INC.
2375 ROMIG ROAD
AKRON, OH 44320

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 18th day of November, A.D. 2009.

Jennifer Brunner

Ohio Secretary of State

DOC ID ----> 200932200814

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 ***

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

2009 NOV 18 PM 1:09

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: The Office Place

Name of the Registrant: Regency Seating, 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 # 1383892
- ☐ 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:

2375 Romig Road
Mailing Address

Akron | OH | 44320
City | State | Zip Code

The general nature of the business conducted by the registrant:

Sale of home furnishings and furniture.

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: 10-26-09

John C. Summerville
Print Name

Signature — Date

Print Name