



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/25/2009	200932800456	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

ALFRED J. FLEMING CO LPA
400 CITY CENTRE ONE
YOUNGSTOWN, OH 44503

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1897583**

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

PACE COLLISION OF BOARDMAN

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 11/01/2009

Expiration Date: 11/23/2014

Document No(s):

200932800456

SATURN OF ROUTE 422, INC.
7554 MARKET STREET
BOARDMAN, OH 44512



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 23rd day of November,
A.D. 2009.

Ohio 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: <u>11-1-2009</u>	☐ Fictitious Name (169-NFO)
--	---

Name being registered or reported: PACE COLLISION OF BOARDMAN

Name of the Registrant: SATURN OF ROUTE 422, 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>798598</u> | |
| ☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

7554 Market Street

Mailing Address

BoardmanOH44512

City

State

Zip Code

The general nature of the business conducted by the registrant:

automobile and truck collision repair**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

JAMES E. PACEPres./Sec.

Print Name

Signature

Date

Print Name