



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/26/2010	201002500753	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

BLUE DIAMOND STABLES
8310 SADIE THOMAS ROAD
JOHNSTOWN, OH 43031-8162

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1909032**

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

BLUE DIAMOND STABLES

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

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 02/04/1994

Expiration Date: 01/19/2015

Document No(s):

201002500753

KAS DE JET ENTERPRISES, INC.

8310 SADIE THOMAS RD.

JOHNSTOWN, OH 430318162



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 19th day of January, A.D. 2010.

Ohio Secretary of State

12/29/09 sent



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>Feb. 4, 1994</u>	☐ Fictitious Name (169-NFO)
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Name being registered or reported: Blue Diamond Stables

Name of the Registrant: Kas De Jet Ent., 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 # _____ | ☐ Other |
| 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 # <u>928472</u> | |
| ☐ Foreign Corporation
Ohio license # _____ | |
| Jurisdiction of Formation _____ | |

2009 DEC 31 PM 2:18
2010 JAN 19 PM 2:25

All registrants must complete the information in this section

Business address:

8310 Sadie Thomas Rd.

Mailing Address

Johnstown

City

OH

State

43031-8162

Zip Code

The general nature of the business conducted by the registrant:

Equine Import/Export facility**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

Christine Bomlitz

Signature

12/29/09

Date

Christine Bomlitz

Print Name

Signature

Date

Print Name