



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/01/2010	201005700553	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00	.00	.00	.00

Receipt

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

PSL ENTERPRISES LTD
77 BRIDGE STREET PLZ
WHEELING, WV 26003

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1917758**

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

DOMINO'S

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

Document(s)

FICTITIOUS NAME/ORIGINAL FILING

Expiration Date: 02/23/2015

Document No(s):

201005700553

C.E.L. PIZZA OF OHIO, INC.
77 BRIDGE STREET PLAZA
WHEELING, WV 26003



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 February,
A.D. 2010.

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:

PO Box 1390
Columbus, OH 43216

☐ Expedite

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

PO Box 670
Columbus, OH 43216

☐ Non Expedite

NAME REGISTRATION

Filing Fee \$50

2010 FEB 23 AM 9:34

(CHECK ONLY ONE (1) BOX)

☐ Trade Name
(167-RNO)

Date of first use: _____

☒ Fictitious Name
(169-NFO)

Name being registered or reported: Domino's

Name of the Registrant: CEL Pizza of OH, 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 # 666120

☐ Foreign Corporation

Ohio license # _____

Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

All registrants must complete the information in this section

Business address:

77 Bridge Street Plaza

Mailing Address

Wheeling

City

WV

State

26003

Zip Code

The general nature of the business conducted by the registrant:

Speciality Food Sales**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

Print Name

Signature

Date

Print Name