



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/01/2010	201030200555	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

Receipt

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

JOB1 USA
GLASS CENTRE
701 JEFFERSON AVE.
TOLEDO, OH 43604

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1973178**

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

JOB1USA MEDICAL

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

Document(s)

Document No(s):

FICTITIOUS NAME/ORIGINAL FILING**201030200555**

Expiration Date: 10/28/2015

THE RUMPF CORPORATION - MED
P. O. BOX 1480
TOLEDO, OH 43603



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 28th day of October,
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:

☐ 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

RECEIVED

OCT 26 2010

(CHECK ONLY ONE (1) BOX)

☐ Trade Name
(167-RNO)

Date of first use: _____

☒

Fictitious Name
(169-NFO)

SECRETARY OF STATE

Name being registered or reported:

Job USA Medical

Name of the Registrant:

The Rumpf Corporation - Med

RECEIVED

OCT 28 2010

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.

SECRETARY OF STATE

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 #

723573

☐ Foreign Corporation

Ohio license # _____

Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

All registrants must complete the information in this section

Business address:

PO Box 1480

Mailing Address

Toledo

City

OH

State

43603

Zip Code

The general nature of the business conducted by the registrant:

Home Health Care**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

10/8/10

Print Name

Bruce F. Rumpf

Signature

Date

Print Name