



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2011	201110301086	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

Receipt

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

NORTHVIEW HIGH SCHOOL CHEER BOOSTERS
5403 SILICA DR
SYLVANIA, OH 43560

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2012994**

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

NORTHVIEW HIGH SCHOOL CHEER BOOSTERS

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

Document(s)

Document No(s):

FICTITIOUS NAME/ORIGINAL FILING**201110301086**

Expiration Date: 04/12/2016

NORTHVIEW HIGH SCHOOL CHEER
BOOSTERS
5403 SILICA DR
SYLVANIA, OH 43560



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 12th day of April, A.D.
2011.

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

☒ Non Expedite ***** Requires an additional fee of \$100 *****
PO Box 670
Columbus, OH 43216

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:

Northview High School Cheer Boosters

Name of the Registrant:

X Northview High School Cheer Boosters

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 # _____ | |
| ☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____ | |

All registrants must complete the information in this section

Business address:

5403 Silica Dr.

Mailing Address

Sylvania
CityOH
State43560
Zip Code

The general nature of the business conducted by the registrant:

Fundraising and team purchases**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

Marybeth Headman

Signature

3/24/11
DateMarybeth Headman

Print Name

Signature

Date

Print Name