DOC ID ----> 201201900048

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/19/2012	201201900048	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

ALMUR CONSTRUCTION INC.
5909 BROOKMONT DR.
HILLIARD, OH 43026

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2075008

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

CITYWIDE SOLUTIONS INC

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/09/2012
Expiration Date: 01/11/2017

Document No(s):

201201900048

ALMUR CONSTRUCTION INC
5909 BROOKMONT DR.
HILLIARD, OH 43026

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 11th day of January, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201201900048

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:

O Expedite — PO Box 1390, Columbus, OH 43216

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

◉ Non Expedite — PO Box 670, Colum[illegible]

RECEIVED
JAN 11 2012
SECRETARY OF STATE

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☑ Trade Name (167-RNO)	☐ Fictitious Name (169-NFO)
Date of first use: 01/09/2012	

Name being registered or reported: Citywide Solutions Inc

Name of the Registrant: Almur Construction 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 # 1544677
- ☐ Foreign Corporation
  Ohio license # _____
  Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

DOC ID ----> 201201900048

All registrants must complete the information in this section

Business address:

5909 Brookmont Dr
Mailing Address

Hilliard | OH | 43026
City | State | Zip Code

The general nature of the business conducted by the registrant:

General Contractor, Alarm installation, Alarm Monitoring

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: Michael J Tominc

Address: 5909 Brookmont Dr
Hilliard, OH 43026

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

Michael J. Tominc
Signature

1/9/12
Date

Michael J Tominc
Print Name

Signature

Date

Print Name