DOC ID ----> 201204001126

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/10/2012	201204001126	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	.00		.00	.00

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

ALLIANCE STAFFING DIVISION
25811 STATE ROUTE 62
BELOIT, OH 44609

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2081138

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

ALLIANCE STAFFING DIVISION

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

Document(s)	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**201204001126**
Expiration Date: 02/06/2017	

EOMCO, INC.
25811 ST RT 62
BELOIT, OH 44609

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 6th day of February, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201204001126

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, Columbus, OH 43216

NAME REGISTRATION
Filing Fee $50

2012 FEB - 7 AM 7:54

(CHECK ONLY ONE (1) BOX)

☐ Trade Name (167-RNO)	☑ Fictitious Name (169-NFO)
Date of first use: _____	

Name being registered or reported: Alliance Staffing Division

Name of the Registrant: EOMCO, 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 # 674176

☐ Foreign Corporation
Ohio license # _____
Jurisdiction of Formation _____

☐ Unincorporated Association

☐ Professional Association

☐ Other

All registrants must complete the information in this section

Business address:

25811 St Rt 62
Mailing Address

Beloit | Ohio | 44609
City | State | Zip Code

The general nature of the business conducted by the registrant:

Temporary Staffing Agency

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: 02/01/2012

Ryan Klusch
Print Name

Signature — Date

Print Name