DOC ID ----> 201210301112

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/13/2012	201210301112	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

MK DIVERSIFIED LTD
405 CLEVELAND ST
ELYRIA, OH 44035

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

2098665

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

HOME LIFE

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

Document(s):		Document No(s):
TRADE NAME/ORIGINAL FILING		**201210301112**
Date of First Use:	04/01/2012	MK DIVERSIFIED, LTD
Expiration Date:	04/09/2017	405 CLEVELAND ST
		ELYRIA, OH 44035

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 9th day of April, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201210301112

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

RECEIVED
APR 09 2012
SECRETARY OF STATE

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

X ☐ Trade Name (167-RNO) Date of first use: 4-1-2012	☐ Fictitious Name (169-NFO)

Name being registered or reported: Home Life

Name of the Registrant: MK Diversified, LTD

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 _____
- X ☐ Limited Liability Company
  Registration # 177314
  If foreign, Jurisdiction of Formation _____
- ☐ Ohio Corporation
  Charter # _____
- ☐ Foreign Corporation
  Ohio license # _____
  Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

DOC ID ----> 201210301112

All registrants must complete the information in this section

Business address: 405 CLEVELAND ST
Mailing Address
ELYRIA OH 44035
City State Zip Code

The general nature of the business conducted by the registrant:
Home 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 N/A Address N/A

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 4-2-12
Date
Marie Eggers
Print Name

Signature Date

Print Name