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05/07/2012	201212501472	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

GEORGE PHAM, INC.
1586 STRINGTOWN RD
GROVE CITY, OH 43123

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2104709**

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

DESTINY'S NAILS OF GROVE CITY

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

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 05/01/2012
Expiration Date: 05/01/2017

Document No(s):

201212501472

GEORGE PHAM, INC.
1586 STRINGTOWN RD
GROVE CITY, OH 43123



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 1st day of May, A.D.
2012.

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.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Name Registration

Filing Fee: \$50

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 05/01/2012

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

DESTINY'S NAILS OF GROVE CITY

Name being Registered or Reported

GEORGE PHAM INC

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

RECEIVED
SECRETARY OF STATE
2012 MAY -1 AM 8:41
CLIENT SERVICE CENTER

The Registrant is a(n): (Check only one (1) box)

☐ Individual

☐ General 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 #

☐ Foreign Corporation

Ohio license #

Jurisdiction of Formation

☐ Unincorporated Association

☐ Professional Association

Charter #

☐ Other

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

NAIL SALON

Business address:

1586 STRINGTOWN RD

Mailing Address

GROVE CITY

City

OHIO

State

43123

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.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/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company 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

Application must be signed by the registrant or an authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

George K Pham

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.