



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
5/08/2012	201212801476	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

MPW INDUSTRIAL SERVICES, INC.
MIKE PONZANI
9711 LANCASTER ROAD SE
HEBRON, OH 43025

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2105030**

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

PORTA KLEEN

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

Document(s)

Document No(s):

TRADE NAME/ORIGINAL FILING**201212801476**

Date of First Use: 02/18/1994

Expiration Date: 05/02/2017

PRO KLEEN INDUSTRIAL SERVICES,
INC.
1030 MILL PARK DRIVE
LANCASTER, OH 43130



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 2nd 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: 2/18/1994

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Porta Kleen

Name being Registered or Reported

Pro Kleen Industrial Services, 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.

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

Individual

General Partnership

Registration #, if any

Limited Partnership

Registration #

Foreign, Jurisdiction of Formation

Limited Liability Partnership

Registration #

Foreign, Jurisdiction of Formation

Limited Liability Company

Registration #

Foreign, Jurisdiction of Formation

☒ **Ohio Corporation**

Charter # 864699

☐ **Foreign Corporation**

Ohio license #

Jurisdiction of Formation

☐ **Unincorporated Association**

☐ **Professional Association**

Charter #

☐ **Other**

2012 MAY -2 PM 1:38

Registrants must complete the information in this section

General nature of business conducted by the registrant:

Registrant rents portable toilets and bathrooms.

Business address:

030 Mill Park Drive

Mailing Address

Canaster

City

Ohio

State

43130

Zip Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to RC 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 conduct 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 legal authority to execute this document.

Signature required
Signature must be
provided by the registrant or
authorized representative.

Signature

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

By (if applicable)

Stefanie Coe, Secretary & General Counsel

Print Name

If an 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.