DOC ID ----> 201215901148

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/08/2012	201215901148	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

KATHLEEN D. GAGNON
8210 EXPANSION WAY
DAYTON, OH 45424

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2112442

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

LEAR FIRE EQUIPMENT COMPANY

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

Document(s)

TRADE NAME/ORIGINAL FILING
Date of First Use: 05/18/2012
Expiration Date: 06/04/2017

Document No(s):

201215901148

MEGACITY FIRE PROTECTION, INC.
8210 EXPANSION WAY
DAYTON, OH 45424

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 4th day of June, A.D. 2012.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201215901148

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: 05/18/2012
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Lear Fire Equipment Company
Name being Registered or Reported

Megacity Fire Protection, Inc.
Name of the Registrant

2012 JUN -4 PM

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.

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 # 671495

☐ **Foreign Corporation**
Ohio license #
Jurisdiction of Formation

☐ **Unincorporated Association**

☐ **Professional Association**
Charter #

☐ **Other**

DOC ID ----> 201215901148

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Sell, lease, install and service fire prevention equipment and other safety supplies.

Business address:

8210 Expansion Way
Mailing Address

Dayton	Ohio	45424
City	State	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 <u>at least one</u> 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.

Kathleen Gagnon
By (if applicable)

Kathleen D. Gagnon
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.

DOC ID ----> 201215901148

Form 590 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

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent: Lear Fire Equipment Company

Charter/Registration/License Number of Entity giving Consent: 456270

Gives it Consent To: Megacity Fire Protection, Inc.

To Use The Name: Lear Fire Equipment Company

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
Consent form must be signed by an authorized representative of the consenting entitiy.

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

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.

Signature

By (if applicable)

Print Name

Lear Fire Equipment Company
Signature

X Kohneita R. Lear
By (if applicable)

Kohneita R. Lear
Print Name