DOC ID ----> 201301500950

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/16/2013	201301500950	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00		.00	.00

Receipt

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

P.P.S. ADMINISTRATIVE, LLC
8789 TYLER BLVD.
MENTOR, OH 44060

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1773425

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

HARTMAN PERSONNEL SERVICES

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

Document(s):	Document No(s):
FICTITIOUS NAME RENEWAL	**201301500950**

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 14th day of January, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201301500950

JON HUSTED
OHIO SECRETARY OF STATE
180 East Broad Street, 16th Floor | Columbus, Ohio 43215
Tel: (877) 767-6446 | Fax: (614) 644-0649 | www.OhioSecretaryofState.gov

RENEWAL OF FICTITIOUS NAME REPORT

1. The Registration Number to be renewed is: **1773425**

2. The fictitious name to be renewed is:
   HARTMAN PERSONNEL SERVICES

2013 JAN 14 AM 8:28

3. The applicant is: (check appropriate item)
   - ___ an individual
   - ___ an Ohio corporation, Charter Number: _____
   - ___ a foreign corporation, incorporated in the state of: _____
   - ___ a General Partnership
   - X a Limited Liability Company 1763772
   - ___ a Limited Partnership; County in Ohio where certificate /application of limited partnership is filed: _____
   - ___ a Professional association
   - ___ an association
   - ___ a Society, Foundation, Federation or other organization

4. The name of the applicant designated in item 3 is:
   P.P.S. Administrative, LLC.
   (Note: When the applicant is a partnership, the name of the partnership must appear on this line)

5. Complete only if applicant is a partnership and has not filed a statement of partnership authority:

Names of All General Partners	Complete Residence Address

This document is signed by an authorized representative of the registrant.

By: _____