



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/08/2013	201318600958	FICTITIOUS NAME RENEWAL (NFR)	25.00	.00		.00	.00

Receipt

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

D & L SALES, LTD
PO BOX 618
TROY, OH 45373

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1418066**

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

CULVER'S FROZEN CUSTARD BUTTERBURGERS

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

Document(s):

Document No(s):

FICTITIOUS NAME RENEWAL**201318600958****Effective Date: 07/05/2013**

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 8th day of July, A.D. 2013.

Ohio Secretary of State



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 ²⁰¹³ ~~2012~~ -5 AM 10:28

1. The Registration Number to be renewed is: **1418066**
2. The fictitious name to be renewed is:
CULVER'S FROZEN CUSTARD BUTTERBURGERS
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
 - ☒ a Limited Liability Company 1354429
 - ☐ 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:

D3L Sales, LTD

(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: _____