DOC ID ----> 201319900625

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/18/2013	201319900625	FICTITIOUS NAME/ORIGINAL FILING (NFO)	50.00	100.00		.00	.00

Receipt

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

GEM INCORPORATED
6842 COMMODORE DR.
WALBRIDGE, OH 43465

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2215541

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

GEM INCORPORATED

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

Document(s):	Document No(s):
FICTITIOUS NAME/ORIGINAL FILING	**201319900625**

Effective Date: 07/18/2013

Expiration Date: 07/18/2018

GEM INDUSTRIAL INC.
6842 COMMODORE DRIVE
WALBRIDGE, OH 43465

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of July, A.D. 2013.

Jon Husted

Ohio Secretary of State

United States of America
State of Ohio
Office of the Secretary of State

DOC ID ----> 201319900625

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

● Yes — PO Box 1390, Columbus, OH 43216
*** Requires an additional fee of $100 ***

○ No — PO Box 670, Columbus, OH 43216

2013 JUL 18 AM 11:35

NAME REGISTRATION

(For Domestic/Foreign Profit or Nonprofit)
Filing Fee $50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☐ Trade Name (167-RNO) Date of first use ____ MM/DD/YYYY	(2) ☑ Fictitious Name (169-NFO)	(3) Name Reservation (160-NRO) ☐ Original ☐ Renewal Registration No. ____

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is GEM Incorporated

The Registrant is (Check Appropriate Box)

- ☐ Individual
- ☐ Limited Partnership: Reg. No. ____
- ☐ Ohio Limited Liability Co., Reg. No. ____
- ☑ Ohio Corporation, Charter No. 594591
- ☐ General Partnership
- ☐ Other ____
- ☐ Foreign Corporation incorporated in the state of ____ holding Ohio license no. ____
- ☐ Unincorporated Association
- ☐ Foreign Limited Liability Co. holding Ohio Reg. No. ____ organized in the state of ____

The name of the registrant designated above is

GEM Industrial Inc.

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

6842 Commodore Drive
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Walbridge	Wood	OH	43465
(City)	*(County)*	*(State)*	*(Zip Code)*

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Complete the information in this section if box (1) or (2) is checked Cont..

Complete only if registrant is a general partnership

NAME OF ALL GENERAL PARTNERS | **COMPLETE RESIDENTIAL ADDRESSES (including zip code)**

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

Construction, preventative maintenance services and facilities management

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)

☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation **UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME**

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant) *(Print Name)*

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative — Date: 7/12/13

Authorized Representative — Date: