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08/27/2013	201323900556	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

ATLAS MANAGEMENT CORP
6928 CARNEGIE AVE
PO BOX 603120
CLEVELAND, OH 44103

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2224975**

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

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

Document(s)

TRADE NAME/ORIGINAL FILING

Document No(s):

201323900556**Effective Date: 08/26/2013**

Date of First Use: 12/14/1988
Expiration Date: 08/26/2018

ATLAS MANAGEMENT CORP
PO BOX 603120
CLEVELAND, OH 44024



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 27th day of August, A.D.
2013.

Ohio Secretary of State



Form 534A Prescribed by:

JON HUSTED
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: 12141988

MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)

American Coffee Services

Name being Registered or Reported

Atlas Management Corp

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's Entity Number (if registered with Ohio Secretary of State): RN116828

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Coffee Service, First aid supplie

Business address:

PO Box 603120

Mailing Address

Cleveland

City

OH

State

44024

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 at least one general partner:

Name

B William Levine

Address

2155 BOTANICA LANE, Pepper Pike, OH 44124

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.

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

Atlas Management Corp

Signature

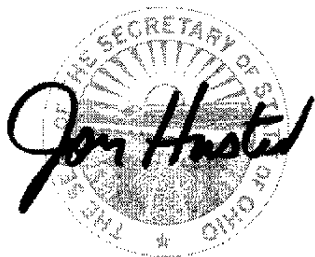
B William Levine

By (if applicable)

B William Levine

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.



Form 590 Prescribed by:

JON HUSTED
 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 Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name

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 entity.

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

Signature

By (if applicable)

Print Name