DOC ID ----> 201324901539

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/09/2013	201324901539	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

KBK ENTERPRISES
MICHAEL E. FLOWERS
4249 EASTON WAY, STE 220
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2228518

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

RHINO SECURITY SERVICES

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**201324901539**

Effective Date: 09/06/2013

Date of First Use:	08/01/2013
Expiration Date:	09/06/2018

OMNI MANAGEMENT GROUP, LTD.
4249 EASTON WAY, SUITE 220
COLUMBUS, OH 43219

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 9th day of September, A.D. 2013.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201324901539

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

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P.O. Box 670
Columbus, OH 43216

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Name Registration

Filing Fee: $50

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CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 08/01/2013
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Rhino Security Services
Name being Registered or Reported

OMNI Management Group, Ltd.
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): 963024

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Provide security services for residential communities.

Business address:

4249 Easton Way, Suite 220
Mailing Address

Columbus
City

Ohio
State

43219
Zip Code

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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	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.

Michael E. Flowers, Authorized Representative
Signature

By (if applicable)

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

Michael E. Flowers
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.