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01/09/2014	201400900787	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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EDMUND F. BROWN & CO.
P.O. BOX 1066
NEW ALBANY, OH 43054

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2258314**

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

HBCU PREPARATORY SCHOOL 1

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

Document(s):

Document No(s):

TRADE NAME/ORIGINAL FILING**201400900787****Effective Date: 01/06/2014**

Date of First Use: 07/01/2013
Expiration Date: 01/06/2019

PHOENIX VILLAGE ACADEMY: PRIMARY
II
12406 SHAKER BLVD.
CLEVELAND, OH 44120



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 January, A.D.
2014.

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: 07/01/2013

MM/DD/YYYY

☐ Fictitious Name
 (169-NFO)

HBCU Preparatory School 1

Name being Registered or Reported

Phoenix Village Academy: Primary II

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): 1565863

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Operation of a public charter school pursuant to Chapter 3314 of the Ohio Revised Code.

Business address:

12406 Shaker Blvd.

Mailing Address

Cleveland

City

Ohio

State

44120

Zip Code

2014 JAN - 6 AM 11:49

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.



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.

Edmund F. Brown, Esq.

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