DOC ID ----> 201410001387

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/10/2014	201410001387	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

MICHAEL WALL
2028 S. RIDGE RD. E
ASHTABULA, OH 44004

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2285842

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

CRESTLAWN VILLAGE

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**201410001387**

Effective Date: 04/10/2014

Date of First Use:	03/26/2014
Expiration Date:	04/10/2019

ASHJEN INC.
5255 STATE ROAD #18
ASHTABULA, OH 44004

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 10th day of April, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201410001387

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 process... ...g time requires an additional $100.00).**
P.O. Box 1390
Columbus, OH 43216

2014 APR -1 AM 11:48

Name Registration
Filing Fee: $50

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 03/26/2014
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

2014 APR 10 AM 9:12

Crestlawn Village
Name being Registered or Reported

Ashjen Inc.
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): 266202

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Manufactured Housing rentals and lot rentals.

Business address:

5255 State Road #18
Mailing Address

Ashtabula
City

Ohio
State

44004
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	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.

Michael W. Wall
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.