DOC ID ----> 201410600993

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/16/2014	201410600993	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00		.00	.00

Receipt

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

CIRCLE POINTE INC
CLEOPHAS D. SLONE
PO BOX 207
CIRCLEVILLE, OH 43113

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

2287474

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

LAKESIDE RESORT RV PARK

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

Document(s)	Document No(s):
TRADE NAME/ORIGINAL FILING	**201410600993**

Effective Date: 04/16/2014

Date of First Use:	04/05/2014
Expiration Date:	04/16/2019

CIRCLE POINTE INC.
PO BOX 207
CIRCLEVILLE, OH 43113

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 16th day of April, A.D. 2014.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201410600993

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: 04/05/2014
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Lakeside Resort RV Park
Name being Registered or Reported

Circle Pointe 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): 2265614

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Campground with General Store

Business address:

PO Box 207
Mailing Address

Circleville
City

Ohio
State

43113
Zip Code

DOC ID ----> 201410600993

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.

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

CIRCLE POINTE INC.
Signature

Cleophas D. Slone
By (if applicable)

Cleophas D Slone
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.