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05/08/2014	201412800668	TRADE NAME/ORIGINAL FILING (RNO)	50.00	0.00	0.00	0.00	0.00

Receipt

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

DAGGER LAW FIRM
R. MARK BIBLER
144 E. MAIN STREET
LANCASTER, OH 43130

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2293779

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

BURTONWOOD LODGING CO

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

Document(s)

TRADE NAME/ORIGINAL FILING

Effective Date: 05/08/2014

Document No(s):

201412800668

Date of First Use: 04/04/2014

Expiration Date: 05/08/2019

BARKER MANAGEMENT AND REAL ESTATE CO
148 WEST FAIR AVENUE
LANCASTER, OH 43130

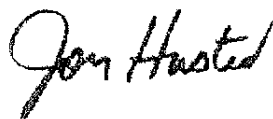


United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of May, A.D. 2014.

Ohio Secretary of State

From: unknown Page: 4/5 Date: 5/8/2014 10:48:34 AM



Form 534A Prescribed by:

JON HUSTED
Ohio Secretary of StateCentral Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Bussenv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216Expedite 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: 04/01/2014

MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

Burtonwood Lodging Co.

Name being Registered or Reported

Barker Management and Real Estate Co.

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): 804196

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Cabin rental business

Business address:

148 West Fair Avenue

Mailing Address

Lancaster

City

OH

State

43130

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.

Barker Management and Real Estate Co.

Signature

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

By (if applicable)

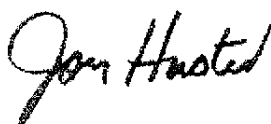
Ronald E. Barker

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.

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2014 MAY -8 AM 11:13



Form 590 Prescribed by:

JON HUSTED
Ohio Secretary of StateCentral 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.

Signature

By (if applicable)

Print Name

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